

# HEAL:BCC Teacher Support



Developed by World Education in Cooperation  
with the Centers for Disease Control and Prevention



**Health Education and Adult Literacy**  
**HEAL: Breast & Cervical Cancer**  
[www.worlded.org/us/health/heal](http://www.worlded.org/us/health/heal)

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OMH-RC-Knowledge Center  
5515 Security Lane, Suite 101  
Rockville, MD 20852  
1-800-444-6472

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**HEAL:BCC Word List**  
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# HEAL:BCC Word List





**Health Education and Adult Literacy**  
**HEAL: Breast & Cervical Cancer**

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## **WHAT THIS BOOK IS ABOUT**

This book is a mini-dictionary to be used along with the Health Education and Adult Literacy: Breast and Cervical Cancer (HEAL:BCC) curriculum. It can help you learn the vocabulary words used in the lessons. Many of these words are related to cancer. Learning about cancer prevention and early detection can help you protect your health and the health of your family.

With this mini-dictionary you will learn the meaning of words used by health care providers. Knowing this vocabulary, you can talk to your health care provider about cancer and the other health concerns you might have. Here's to your health!

## Word List

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**abnormal** (ab-NOHR-mull) – Not normal, not usual.

**acute** (uh-KYOOT) – An illness or condition that occurs suddenly and does not last long. Not chronic.

**advocate** (ADD-voh-kit) – A person who speaks or acts in support of another person.

**barriers** (BARE-ee-yers) – Situations or feelings that stop a person from taking action.

**benign** (bee-NINE) – Not harmful, not cancer.

**biopsy** (BYE-opp-see) – An operation to remove a small piece of tissue from the body which is then checked for signs of disease.

**breast self-exam (BSE)** (brest self ig-ZAM) – A monthly check for signs of breast cancer that a woman can do herself.

**cancer, cancerous** (KAN-ser, KAN-ser-us) – Abnormal cells that grow and take over healthy cells.

**carcinogen** (kar-SIN-oh-jin) – Something that causes cancer.



## **HEAL: Breast Cancer and Cervical Cancer**

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**cells** (sels) – The smallest units of living matter that make up the tissue and organs of the body.

**cervical cancer** (SUR-vih-kul KAN-ser) – Cancer of the cervix.

**cervix, cervical** (SUR-viks, SUR-vi-kul) – The opening to the uterus, located at the back of the vagina. When a woman gives birth to a baby, the cervix opens to let the baby out.

**checkup** (CHEHK-up) – A visit to a health care provider for a general medical exam when a person is not sick.

**chemotherapy** (kee-moh-THAIR-uh-pee) – A treatment for cancer that uses strong drugs to kill cancer cells.

**cholesterol** (koh-LESS-tur-all) – It is found in fatty foods. A person's body also produces it. Cholesterol can build up in the body and cause heart disease.

**chronic** (KRON-ik) – An illness that lasts a long time.

**clinical breast exam** (KLIN-ih-kul brest ig-ZAM) – When a health care provider carefully feels a woman's breasts for signs of breast cancer.



**colon** (KOH-lin) – Part of the large intestine above the rectum.

**colorectal cancer** (koh-loh-REK-tahl KAN-ser) – Cancer of the colon and rectum.

**colposcopy** (kol-PAW-skoh-pee) – A medical exam where a special instrument is used to look closely at the cells of the vagina and the cervix and to check for cancer.

**cone biopsy** (kohn BYE-opp-see) – An operation to remove cancer cells from the cervix. The operation removes a cone-shaped piece of the cervix.

**confidential** (kon-fih-DEN-shull) – Private. If you have a confidential talk with someone, that person will not tell anyone else what was said. If a form is confidential, only the person who needs that form will read it. No one else will see the form.

**consent form** (kon-SENT form) – A paper a patient signs agreeing to have a medical treatment.

**cure, curable** (Kyoor, KYOOR-uh-bull) – To heal, to make well. A medicine or treatment that makes you healthy again. A disease that can be healed is called curable.

## **HEAL: Breast Cancer and Cervical Cancer**

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**cyst** (sist) – An abnormal lump or mass in the body that is filled with liquid or gas. Also called a *growth*.

**detect, detection** (dee-TEKT, dee-TEK-shun) – To notice, to discover, to find out something is there.

**diabetes** (die-a-BEE-teez) – A chronic disease where there is too much sugar in a person's blood. Diabetes can cause many health problems.

**diagnose, diagnosis** (die-egg-NOHS, die-egg-NOH-sis) – To find out the nature of a sickness or disease. To figure out which disease a person has. A health care provider will examine a person, ask about symptoms, and run medical tests to make a diagnosis.

**disease** (diz-EEZ) – Sickness or illness.

**disease prevention** (diz-EEZ prih-VEHN-shun) – Taking action to stop a disease from occurring or spreading.

**dysplasia** (dis-PLAYZ-shuh) – Cells that are not normal. These abnormal cells are not necessarily cancer, but may be precancerous.

**early detection** (UR-lee dih-TEK-shun) – To find out soon. It often refers to medical tests that can find cancer early, when it can most easily be treated.

**estrogen** (EH-stroh-jin) – A female hormone.

**fact** (fakt) – Information that is true.

**family medical history** (FAM-ih-lee MED-ih-kul HHH-stohr-ee)  
A record of all health problems in a person's family including parents, brothers, sisters, and grandparents.

**fiber** (FYE-burr) – A type of food that helps the body eliminate waste.

**Food Guide Pyramid** (food gyed PEER-uh-mid) – A chart that shows how much of each type of food people should eat every day to stay healthy.

**follow-up** (FOL-low up) – To observe, to watch closely. A follow-up exam is one that comes after a treatment or a previous exam.

## **HEAL: Breast Cancer and Cervical Cancer**

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**genes** (jeens) – Genes are in all the cells in the body. Genes tell what characteristics a person will have. There are genes for hair color, eye color, body type, and thousands of other characteristics. Genes are passed on from parents to their children. Some genes can make people more likely to get certain diseases.

**genetics** (jih-NEH-tiks) – The study of genes and characteristics that are passed on from parents to their children. The study of heredity.

**glands** (glanz) – Organs that make chemicals or hormones for the body.

**gynecologist** (guy-nuh-KOLL-o-jist) – A doctor specially trained in women's reproductive health.

**health care provider** (hehlth kare pro-VYE-dur) – Anyone who provides health care services. This may be a doctor, nurse, nurse practitioner, nurse's aide, dentist, or other person.

**health promotion** (hehlth pruh-MOH-shun) – To increase the chance of good health. Taking action to improve your health.

**health protection** (hehlth pruh-TEK-shun) – Taking action to prevent injury or illness.

**heart disease** (hahrt diz-EEZ) – Weakening of the heart or blood vessels that can lead to chest pain, heart attack, or stroke. It is also called *cardiovascular disease*.

**hereditary, heredity** (huh-RED-uh-tare-ee, huh-RED-uh-tee) – Genes and characteristics that are passed on from parents to their children.

**hormones** (HOHR-moans) – Chemicals produced in the body. Hormones control the action of some cells and organs in the body.

**human papilloma virus (HPV)** (HUE-man pap-i-LOH-ma VYE-rus) – A virus that may cause warts on the vagina or penis and may increase a woman's risk of cervical cancer. This virus can be passed from one person to another during sex.

**hypertension** (hi-per-TEN-shun) – Also called high blood pressure, this is a disease that can lead to heart disease, stroke, and other health problems.



## **HEAL: Breast Cancer and Cervical Cancer**

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**hysterectomy** (hiss-tur-ECK-toh-mee) – An operation to remove a woman's uterus. This operation may be done to treat cancer of the cervix that has spread.

**illness** (IL-ness) – Sickness.

**immune system** (ihm-MYOON SIS-tem) – Immune means to be protected against something. The immune system is designed to protect the body from disease.

**impotent, impotence** (IHM-poh-tent, IHM-poh-tens) – When a man cannot have an erection and engage in sexual intercourse.

**incidence rate** (IN-sih-dens rate) – The number of new cases of a disease in a group of people over a specific period of time.

**informed consent** (in-FORMED kun-SENT) – Fully understanding a treatment before agreeing to have it.

**invasive procedure** (in-VAY-sive proh-SEE-jeer) – A medical treatment or test where a health care provider must put an instrument inside a patient's body or under the skin.

## Word List

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**large intestine** (larj in-TESS-tin) – A tube-like part of the body in which food waste travels to the rectum. The colon and rectum are also known as the large intestine.

**LEEP** (leep) – A treatment to remove abnormal cells from the cervix. A fine wire loop with a special electric current is used to remove the abnormal cells.

**lifestyle** (LYFE-styel) – The choices people make about the way they live.

**lump** (lump) – A mass in the body formed by a cyst or tumor. It may or may not be cancer.

**lumpectomy** (lump-EHK-toh-mee) – An operation to remove a lump in the breast. A treatment for breast cancer.

**lymph nodes** (limf nohds) – Small bean-shaped organs located along the lymphatic system. Cancer that enters the lymphatic system may be found in the nodes. Also called *lymph glands*.

**lymphatic system** (lim-FAT-ik SISS-tem) – The tissue and organs that produce, store, and carry cells that fight infection and disease.



## **HEAL: Breast Cancer and Cervical Cancer**

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**malignant** (muh-LIGG-nent) – Cells found to be cancerous, which can spread to other parts of the body.

**mammogram, mammography** (MAMM-oh-gram, mam-OGG-ruh-fee) – An x-ray of the breasts to check for cancer.

**mastectomy** (mas-TEHK-toh-mee) – An operation to remove a woman's breast. A treatment for breast cancer.

**medical history** (MED-ih-kul HISS-tohr-ee) – A record of all health problems and medical treatments a person has had. It also lists health problems that run in a person's family.

**menopause** (MEN-oh-paws) – The time of a woman's life when menstrual periods stop. Also called *the change of life*.

**menstrual cycle** (MEN-stroo-uhl SYE-kul) – The hormone changes that lead up to a woman having a menstrual period. For most women, one cycle takes 28 days.

**menstrual period** (MEN-stroo-uhl PEER-ee-ihd) – The time when blood from a woman's uterus flows out of her body through her vagina. This happens at the end of her menstrual cycle each month. Also called her *period*.

**metastasis, metastasize** (meh-TASS-tuh-sis, meh-TASS-tuh-syze) – When cancer spreads from one part of the body to another.

**mortality rate** (mohr-TAL-uh-tee rate) – The proportion of people in a community that die from a disease.

**myth** (mith) – Information that is not true.

**nutrition** (new-TRIH-shun) – The process by which the body takes in and uses food and drink for promoting growth and replacing worn or injured tissue.

**obstacles** (OBB-stuh-kuls) – Objects or feelings that get in the way. Situations that block a person from making change.

**oncologist** (on-KOL-uh-jist) – A medical doctor specially trained to detect and treat cancer.

**organs** (OHR-ghens) – Parts of the body made of tissue designed to perform special functions. For example, the heart, lungs and uterus are organs.

## **HEAL: Breast Cancer and Cervical Cancer**

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**ovary, ovaries** (OH-vah-ree, OH-vah-reez) – A part of the female reproductive system. A pair of glands that produce eggs and hormones.

**palpate, palpation** (PAL-payt, pal-PAY-shun) – To examine by touching. A health care provider presses on the surface of the body to feel the organs or tissue underneath for lumps or unusual changes.

**Pap test, Pap smear** (Pap test, Pap smear) – An examination of cells from a woman's cervix to see if they are normal or abnormal. A test to look for cancer of the cervix.

**penis** (PEE-nis) – An organ of the male reproductive system through which urine and semen leave the body.

**precancerous** (pre-KAN-ser-us) – Not cancer but may become cancer in the future.

**prevent, prevention** (pree-VEHNT, pree-VEHN-shun) – Taking action to stop a sickness or disease from happening.

**preventive care** (pree-VEHN-tiv kare) – Trying to prevent or avoid getting sick by changing health habits and getting regular checkups.

**prognosis** (prog-NOH-sis) – For a sick person, the chance of getting better. A good prognosis means a person is likely to be healthy again. A bad prognosis means a person will probably not get well.

**prostate cancer** (PROSS-tate KAN-ser) – Cancer of the prostate gland.

**prostate gland** (PROSS-tate gland) – A gland in men that makes the fluid that is part of semen.

**radiation** therapy (ray-dee-AE-shun THAIR-a-pee) – Treatment with high-energy rays that kill cancer cells. Radiation therapy that uses a machine to aim high energy rays at cancer is called external radiation therapy. Internal radiation therapy is the placement of radioactive material inside the body as close as possible to the cancer.

**radiologist** (ray-dee-AHL-oh-jist) – A doctor specially trained to use and read x-rays of the body.

**rectal exam** (REK-tul ig-ZAM) – When a health care provider feels inside the rectum for abnormal lumps or changes. This exam can help find colorectal and prostate cancer at an early stage.

## **HEAL: Breast Cancer and Cervical Cancer**

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**rectum** (REK-tum) – The last 6 to 8 inches of the large intestine. The rectum stores solid waste until it leaves the body through the anus.

**recur** (ree-KURR) – To return, to happen again. When a disease comes back after going away for a while.

**remission** (ree-MISH-un) – When the signs of a disease go away. Sometimes the disease comes back. Sometimes it does not. Cancer often goes into remission.

**reproductive system** (ree-proh-DUHK-tiv SISS-tem) – Reproduction means to reproduce, to bring into existence. The male and female reproductive systems are designed to work together to make a baby.

**respiratory system** (RESS-pur-a-tohr-ee SISS-tem) – Respiration means to breathe air in and out. The respiratory system is designed for breathing oxygen in and sending it throughout the body.

**risk factors** (risk FAK-tors) – Characteristics or behaviors that increase a person's chance of getting a disease.



**screening test** (SKREE-ning test) – A medical test that can find disease early, before a person shows signs of illness.

**scrotum** (SKROH-tum) – The bag of skin that holds a man's testicles.

**secondary prevention** (SEK-uhn-dare-ee prih-VEHN-shun) – Treatment for disease or illness so that it does not get worse.

**semen** (SEE-men) – The fluid that comes out of a man's penis during sex. Semen contains sperm and fluid made by the prostate gland.

**sexually transmitted disease (STD)** (SEK-shu-ahl-ee trans-MIT-ed diz-EEZ) – Any disease that can be passed to another person during sex.

**sigmoidoscopy** (sig-moyd-OS-kuh-pee) – A exam to look for cancer of the colon or rectum. During this exam a doctor uses a thin lighted tube to look inside the colon and rectum.

## **HEAL: Breast Cancer and Cervical Cancer**

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**speculum** (SPEK-you-lum) – A medical instrument that is put inside a woman's vagina to hold it open, so that a health care provider can see the cervix inside. It is used during a Pap test.

**strategy** (STRAT-uh-jee) – A plan of action.

**stress** (stress) – A feeling a person has of strain or pressure or worry.

**support network** (suh-PORT NET-work) – A group of people that provide help when it is needed. Family, friends, a doctor, and co-workers may be part of a support network.

**survival rate** (sur-VYE-vul rate) – The percentage of people who live for five or more years after getting treatment for a cancer.

**swab** (swahb) – A small brush used to collect cells from the cervix. It is used during a Pap test.

**symptoms** (SIMP-tums) – Feelings in the body that may indicate signs of sickness or disease.



**testicles, testicular** (TESS-tih-kuls, tess-TIK-you-ler) – Two oval-shaped sex glands that are inside the scrotum at the base of a man's penis. The testicles make semen and the male hormone testosterone. Also called *testes*.

**testicular self-exam** (tess-TIK-you-ler self ig-ZAM) – A monthly check for signs of cancer of the testicles that a man can do himself.

**therapy** (THAIR-uh-pee) – The treatment of disease or sickness.

**tissue** (TISH-you) – A group of cells that work together to make up parts of the body.

**treat, treatment** (treet, TREET-ment) – To give medical aid. What a health care provider offers to help a patient get well.

**tumor** (TOO-mer) – A swelling. An abnormal mass or lump in the body. A tumor may or may not be cancerous. Also called a *growth*.

## **HEAL: Breast Cancer and Cervical Cancer**

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**ultrasound** (UL-trah-sownd) – A medical test in which sound waves are bounced off tissue in the body to make a picture. Ultrasound is used to look at lumps in the breast for signs of cancer. Ultrasound can be used for other diagnoses.

**uterus** (U-tur-us) – A woman's womb. The reproductive organ a baby grows in before it is ready to be born.

**UVA, UVB** (u-vee-ae, u-vee-bee) – The rays from the sun that can cause skin cancer.

**vagina** (vuh-JYE-nuh) – The part of a woman's body that leads to the uterus. This is where the baby comes out when it is born.

**virus** (VYE-russ) – A tiny germ that may cause sickness.

## SOURCES

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## **Passport to Health**

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# **PASSPORT TO HEALTH**

## **A Guide to Staying Well**





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**HEAL: Breast & Cervical Cancer**  
[www.worlded.org/us/health/heal](http://www.worlded.org/us/health/heal)

Developed by World Education

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## **WHAT THIS BOOK IS ABOUT**

This book is about things you can do to live a healthy life. It tells you some steps you can take to protect yourself from cancer.

### **Part 1: Keeping Yourself Healthy**

Tells how to keep yourself healthy and feeling good.

### **Part 2: Tests and Exams that Check for Cancer**

Tells about medical tests that can find cancer early when it can be cured or more easily treated.

### **Part 3: Caring for Yourself Between Checkups**

Shows how to do self-exams to check yourself for possible signs of cancer.

Use this book as a guide to staying well, and as a reminder of the medical tests you should have as part of regular checkups with your health care provider. Here's to your good health!

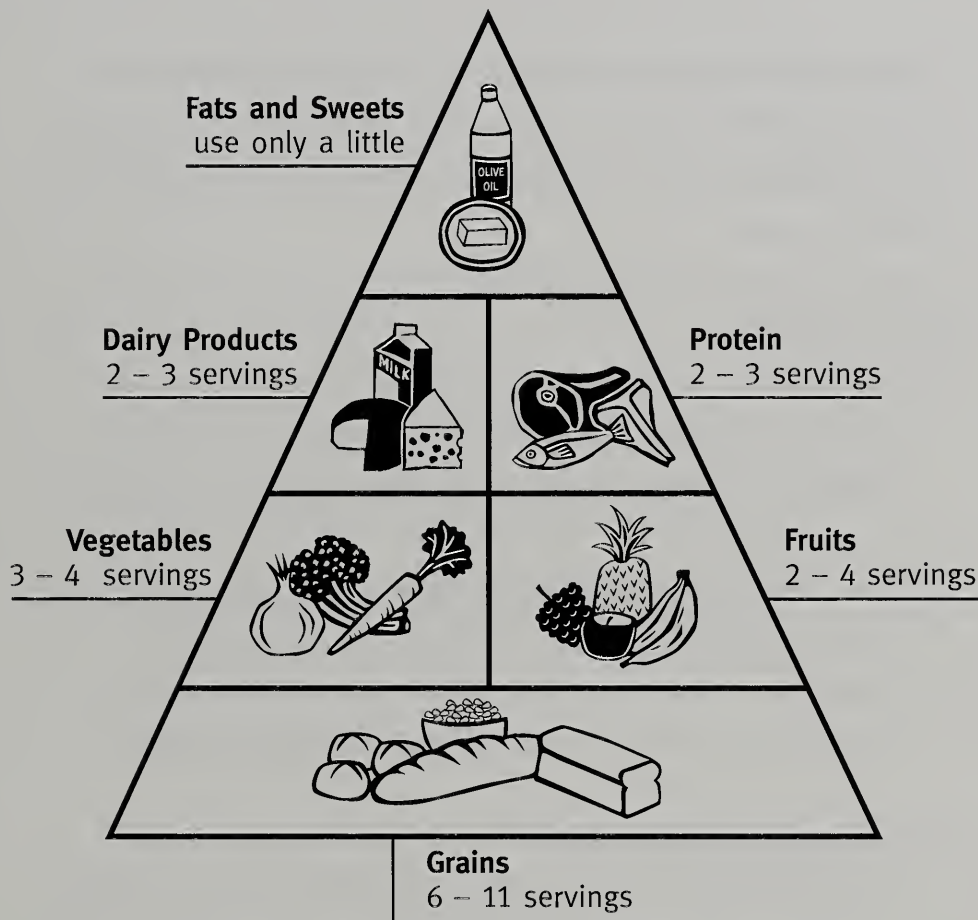
## **PART 1: KEEPING YOURSELF HEALTHY**

There are many steps you can take to lower your risk of cancer. That means to lower your chance of ever getting cancer. This part of the book tells how to keep yourself healthy. It gives ideas for how to:

- Eat healthy foods.
- Put exercise into your life.
- Avoid tobacco.
- Protect yourself at work.
- Find ways to deal with stress.
- Enjoy the sun safely.
- Know your family medical history.
- Get regular medical checkups.

# Eat Healthy Foods

One of the best things you can do for your health is to eat healthy foods. The Food Guide Pyramid\* can help you plan healthy meals. The Pyramid shows the number of servings from each food group that you should eat every day.



Here are some example serving sizes.

**Grains:** 1 slice of bread.

**Vegetables:** 1/2 cup chopped vegetables.

**Fruits:** 1 medium-sized fruit.

**Dairy Products:** 1 cup of milk or yogurt.

**Protein:** 2 1/2 – 3 ounces of meat, chicken or fish.



## Ideas for Healthy Meals



The following three suggestions can help you eat a healthy diet that may lower your risk of cancer. Following these suggestions can also help you maintain a healthy weight for you.

### **1) Eat less fat.**

To cut down on fat, eat less beef and pork. Choose fish, turkey, or chicken instead. Use low-fat or non-fat milk, yogurt, and cheese. Bake or broil foods instead of frying.

### **2) Eat five (or more) fruits and vegetables every day.**

To get enough fruits and vegetables, have a fruit or vegetable with every meal. Add lettuce and tomato to sandwiches. Snack on raisins, carrot sticks, and fruit.

### **3) Eat foods high in fiber.**

To add fiber to your diet, eat more fruits and vegetables, whole wheat breads, bran and oatmeal cereals, rice and beans.

\* The Food Guide Pyramid was developed by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services.



## Put Exercise Into Your Life



Being active is a key to staying healthy. Regular exercise makes your body strong, keeps your weight down, and lifts your spirits. Try to be active for at least 30 minutes every day.

You don't have to join a health club! Here are some easy ways to be more active:

- Turn on some music and dance.
- Take the stairs instead of the elevator.
- Plan active family times — bike, walk or swim together.
- Take a walk after dinner.

To make exercise a habit, choose something you like to do, set a regular time to exercise, and find a friend to be active with you.

## Avoid Tobacco



Don't smoke cigarettes, pipes or cigars, and don't use chewing tobacco. This is the single BEST thing you can do to protect yourself from cancer.

If you do smoke, try to quit. Most people have to try a few times before they quit for good. Call 1-800-4-CANCER for quit tips or to find a quit smoking program in your area.

If you don't smoke, that's great! But smoke from other people's cigarettes—"secondhand smoke"—can still harm you. Secondhand smoke can cause cancer, lung problems or a heart attack. Children who live with smokers have more colds, ear infections, and breathing problems like asthma.

To avoid secondhand smoke:

- Do not let anyone smoke in your home or car. Ask them to smoke outside.
- Sit in no-smoking sections of restaurants and other public places.
- Help a family member or friend to quit.

# Protect Yourself at Work



The chemicals used at some workplaces can cause cancer. To protect yourself from chemicals at work, find out what chemicals you work with and what you can do to make your work safer.

- Look at labels and warning signs. Ask for Material Safety Data Sheets (MSDS) that tell about the health effects of each chemical.
- Always wash your hands after using chemicals and before you eat. Do not eat near chemicals.
- Make sure your workplace uses equipment like hoods, fans, and vents to keep the air clean.
- Use safety gear like respirators and gloves.  
Get trained to use the right gear the right way.

Some scientists believe that chemicals in the environment may cause cancer. For more information about health and the environment, contact the Center for Health, Environment and Justice at 1-703-237-2249 or visit their Web site at <<http://www.chej.org>>.

## Find Ways to Deal with Stress



Everyone has stress — from problems at home, on the job, and in their personal lives. Too much stress feels awful and can make you sick. You may not be able to get rid of all stress, but there are ways to handle it.

- Talk about your problems with someone who cares about you.
- Take a walk outside.
- Find some time to relax each day (stretch, listen to music, dance).
- Try to look on the bright side. Think about the good things in your life.

The other things you can do to stay healthy — like eating well and getting exercise — will also help you deal with stress.

## Enjoy the Sun Safely



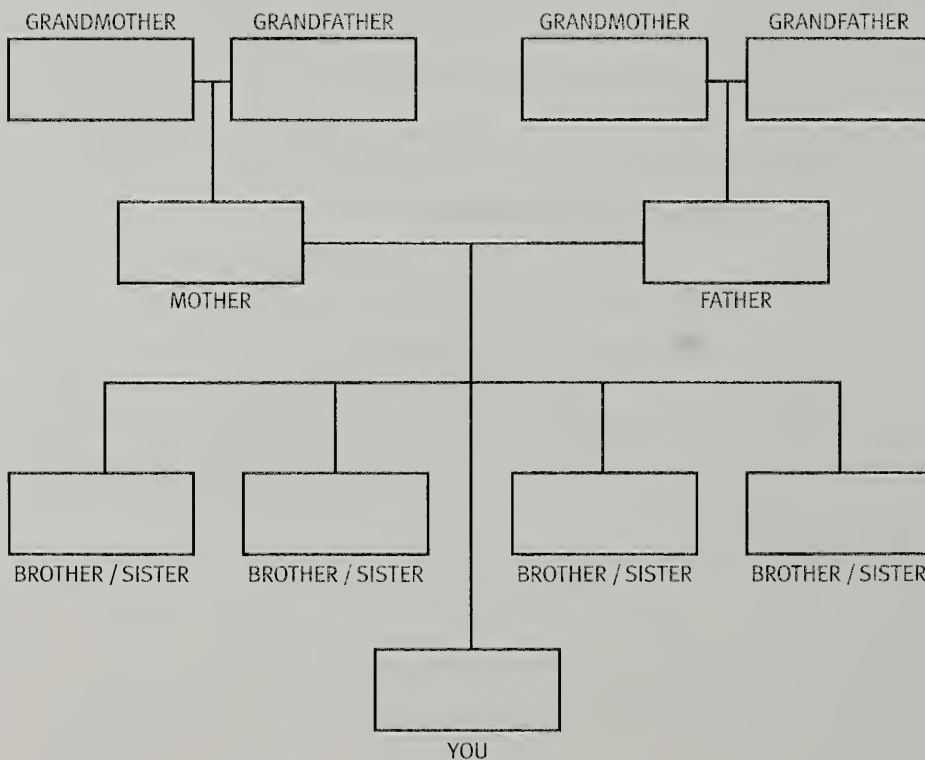
A sunny day can be one of life's pleasures, but the UVA and UVB rays in sunlight increase your risk of skin cancer. Take these steps to protect your skin.

- Limit your time in the sun. The sun's rays are strongest between 10:00 a.m. and 3:00 p.m.
- Use sunscreen lotion, even on cloudy days. Choose a sunscreen that blocks both UVA and UVB rays, and has a sun protection factor (SPF) of 15 or higher.
- Wear clothing that covers your body, and a hat that shades your face and neck.
- Wear sunglasses. Choose glasses that block out 99 – 100% of both UVA and UVB rays.
- Don't use sun lamps or tanning booths.

# Know Your Family Medical History



Some kinds of cancer run in families. If your grandparents, parents, brothers or sisters have had cancer at an early age, you may be more likely to get it than someone whose relatives haven't had cancer. Fill in the "family tree" below and talk about it with your health care provider. If you don't know if your relatives have had cancer, ask a family member who might know.





# Get Regular Medical Checkups



Even if you are feeling fine, it's important to see your health care provider for regular checkups. People under age 40 should have a checkup every 1 – 3 years. People ages 40 and over should have a checkup every year.\* Your health care provider will examine you and do some medical tests to be sure you are healthy. Checkups are also a chance to ask your health care provider any questions you have about your health.

Part 2 of this book talks about some important medical tests that may be done during your checkup. These tests can find cancer early when it can be more easily treated.

## FOR YOUR HEALTH

Date

When was your last checkup?

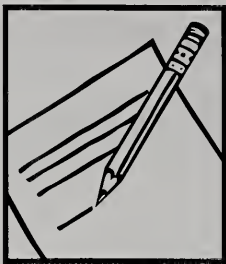
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When should you have your  
next checkup?

\_\_\_\_\_

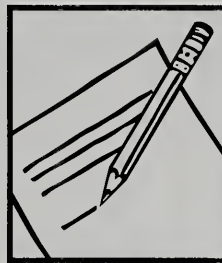
\* These guidelines are for most people, BUT talk to your health care provider about when and how often YOU should have a checkup.

NOTES



Handwriting practice lines consisting of 15 horizontal dashed lines.

## NOTES

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## PART 2: TESTS AND EXAMS THAT CHECK FOR CANCER

When you go in for a checkup, your health care provider will do some medical tests called screening tests. Screening tests can find cancer in its early stages — before you show any signs of sickness.

Screening tests are important. Cancer is easier to treat and may be cured if it is found early. This part of the book describes screening tests for cancer, how they are done, who should have them and how often.\*

The guidelines for how often to be tested are right for most people, BUT if you have an extra risk factor — like a family history of cancer — you may need to begin screening at a younger age and be tested more often. **Talk to your health care provider about what screening tests YOU should have and how often.**

\* Several health organizations provide cancer screening guidelines. The screening guidelines described in this book come mainly from the American Cancer Society and the National Cancer Institute.

## FOR WOMEN

### Breast Cancer Screening

#### Clinical Breast Exam

- **What it checks for:** Lumps or changes in your breasts that might be signs of breast cancer.
- **What is done:** While you lie on the examining table, your health care provider carefully feels each breast for lumps.
- **Who should be tested:** Women ages 20 and older.
- **How often:** Women ages 20 – 39, every 1 – 3 years.  
Women ages 40 and over, every year.

#### FOR YOUR HEALTH

Date

When was your last clinical breast exam? \_\_\_\_\_

When should you have your next  
clinical breast exam? \_\_\_\_\_

## Breast Cancer Screening



### **Mammogram**

- **What it checks for:** Lumps or changes in your breasts that might be signs of breast cancer. Mammograms can find lumps that are too small to feel.
- **What is done:** An x-ray is taken of both your breasts.
- **Who should be tested:** Women ages 40 and older.
- **How often:** Women ages 40 and over, every 1 – 2 years as your health care provider suggests.

### **FOR YOUR HEALTH**

Date

When was your last mammogram? \_\_\_\_\_

When should you have your next  
mammogram? \_\_\_\_\_



## FOR WOMEN

### Cervical Cancer Screening



#### Pap Test

- **What it checks for:** Abnormal cells on your cervix (the opening of the uterus), that might be signs of cervical cancer.
- **What is done:** While you lie on the examining table, your health care provider uses a small brush to take a sample of cells from your cervix. The cells are looked at in a lab.
- **Who should be tested:** Women ages 18 and over.  
Women under 18 who have had sex.
- **How often:** Every 1 – 3 years as your health care provider suggests.

#### FOR YOUR HEALTH

Date

When was your last Pap test?

\_\_\_\_\_

When should you have your next  
Pap test?

\_\_\_\_\_

## FOR MEN

### Prostate Cancer Screening



- **What it checks for:** Changes in your prostate and in your blood that might be signs of prostate cancer. The prostate is a sex gland in men located below the bladder.
- **What is done:** Your health care provider feels carefully inside your rectum to check your prostate for any changes. Some blood may be taken from your arm and looked at in a lab.
- **Who should be tested:** Men ages 50 and over.
- **How often:** Once a year.

## FOR YOUR HEALTH

Date \_\_\_\_\_

When was your last prostate exam? \_\_\_\_\_

When should you have your next prostate exam? \_\_\_\_\_

## FOR MEN

### Testicular Cancer Screening



- **What it checks for:** Lumps or changes in your testicles that might be signs of testicular cancer. The testicles hang behind your penis in a sac of skin called the scrotum. The job of the testicles is to make sperm.
- **What is done:** While you are standing, your health care provider carefully feels your testicles for lumps.
- **Who should be tested:** Men ages 21 and over.
- **How often:** At every checkup.

### FOR YOUR HEALTH

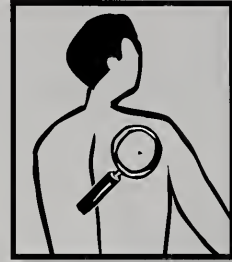
Date \_\_\_\_\_

When was your last testicular exam? \_\_\_\_\_

When should you have your next  
testicular exam? \_\_\_\_\_

## FOR WOMEN AND MEN

### Skin Cancer Screening



- **What it checks for:** Skin changes that might be signs of skin cancer.
- **What is done:** Your health care provider carefully checks your skin for growths or changes in moles or warts.
- **Who should be tested:** Men and women, ages 20 and over.
- **How often:** Men and women ages 20 – 39, every 3 years.  
Men and women ages 40 and over, every year.

#### FOR YOUR HEALTH

Date

When was your last skin exam?

\_\_\_\_\_

When should you have your next  
skin exam?

\_\_\_\_\_

## FOR WOMEN AND MEN

### Colorectal Cancer Screening

#### Fecal Blood Test

- **What it checks for:** Blood in your stool, which might be a sign of cancer of the colon or rectum.
- **What is done:** You or your health care provider takes a sample of your stool. The sample is looked at in the lab.
- **Who should be tested:** Men and women ages 50 and over.
- **How often:** Once a year.

#### FOR YOUR HEALTH

Date

When was your last fecal blood test? \_\_\_\_\_

When should you have your next  
fecal blood test? \_\_\_\_\_

## Colorectal Cancer Screening



### **Sigmoidoscopy (sig-moyd-OS-kuh-pee) and Rectal Exam**

- **What it checks for:** Growths or changes that might be signs of cancer of the colon or rectum.
- **What is done:** Your health care provider looks through a lighted tube to see inside your colon. Your health care provider will also feel carefully inside your rectum.
- **Who should be tested:** Men and women ages 50 and over.
- **How often:** Every five years.

#### **FOR YOUR HEALTH**

Date

When was your last sigmoidoscopy  
and rectal exam?

\_\_\_\_\_

When should you have your next  
sigmoidoscopy and rectal exam?

\_\_\_\_\_



## NOTES

[illegible]

## **PART 3: CARING FOR YOURSELF BETWEEN CHECKUPS**

Between checkups, you are the best person to keep a watch on your health. This part of the book shows ways you can check yourself for signs of cancer.

Sometimes people are afraid to do these checks. They don't want to know that they might be sick. If you feel this way, keep two things in mind:

- Most of the time when someone finds a lump or other sign, nothing serious is wrong.
- Cancer may be cured if you find it early.

These self-exams can help you find cancer early, BUT they cannot take the place of regular checkups with your health care provider. To keep yourself healthy and find signs of cancer early, be sure to see your health care provider for the screening tests you need.

## **FOR WOMEN**

### **Do a Breast Self-Exam (BSE)**

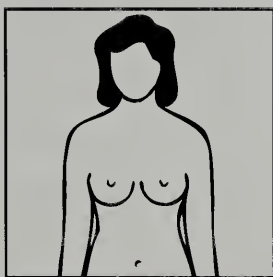
#### **Once a Month**

##### **How To Do It**

Check your breasts about one week after your period. If you don't have a period, check your breasts on the same day every month. The key to BSE is to know the shape and feel of your breasts and to check your breasts well—don't miss any spots.

##### **1. In front of a mirror.**

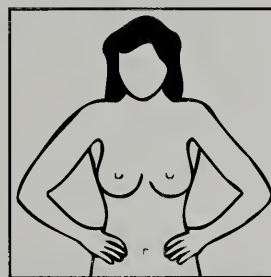
Check the shape and look of your breasts. Look for any skin or nipple changes, such as dimples, scales or leaking. Check your breasts while standing in these different positions:



With arms at  
your sides.



With arms over  
your head.



With hands on  
your hips.

## **Do a Breast Self-Exam (BSE)**

### **Once a Month**



#### **2. Lying down.**

Place a pillow under your left shoulder.

Put your left hand under your head.

Check your whole left breast area, feeling with the fingers of your right hand. Press firmly and follow an

up-and-down or circular pattern. Squeeze your nipple gently, to see if there is a discharge. Repeat these steps on your right breast.



#### **3. In the shower.**

Raise your left arm. With soapy hands, check your left breast, feeling with the fingers of your right hand. Press firmly and follow an up-and-down or circular pattern. Repeat these steps on your right breast.

**If you notice any lumps or changes, call your health care provider right away.**

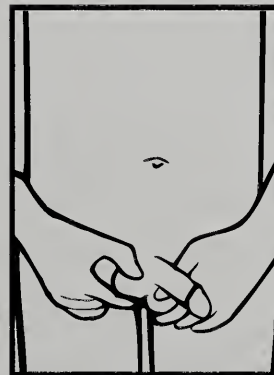
## **FOR MEN**

### **Do a Testicle Self-Exam**

### **Once a Month**

#### **How To Do It**

1. Do your check right after a shower or bath.
2. First look in a mirror for swelling on the skin of the scrotum.
3. Next, roll each testicle between your thumbs and fingers as shown. Your index and middle fingers should be under the testicle, and your thumbs on top. Feel for lumps or swelling.



**If you notice a lump or have aches in your scrotum, call your health care provider right away.**

## **FOR WOMEN AND MEN**

### **Do a Skin Self-Exam**

### **Once a Month**

#### **How To Do It**

1. Check your skin from head to toe, in front of a mirror after a bath or shower, before you get dressed.
2. Use a hand-held mirror to look at places that are hard to see.
3. Look for moles or spots that:
  - have more than one color.
  - have uneven borders.
  - have changed since the last time you looked.
  - feel itchy, hard, lumpy or swollen.
  - are bigger than a pencil eraser.



**If you notice any of these things, call your health care provider right away.**



## Resources



### For More Information

To find out more about how to protect yourself from cancer, talk to your health care provider or contact one of these organizations.

**American Cancer Society** 1-800-227-2345  
[www.cancer.org](http://www.cancer.org)

**American Lung Association** 1-800-586-4872  
[lungusa.org](http://lungusa.org)

**Cancer Information Service** 1-800-422-6237  
[cancernet.nci.nih.gov](http://cancernet.nci.nih.gov)

**American Institute for  
Cancer Research** 1-800-843-8114  
[www.aicr.org](http://www.aicr.org)

**National Alliance of Breast  
Cancer Organizations** 1-888-806-2226  
[www.nabco.org](http://www.nabco.org)

## Other Places to Call for Information



When you learn of places in your area to get information about cancer prevention and staying healthy, write their phone numbers here.

Your health care provider: \_\_\_\_\_

\_\_\_\_\_

Your local American Cancer Society: \_\_\_\_\_

\_\_\_\_\_

Your local or state health department: \_\_\_\_\_

\_\_\_\_\_

Others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

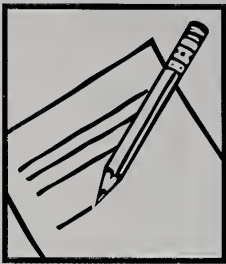
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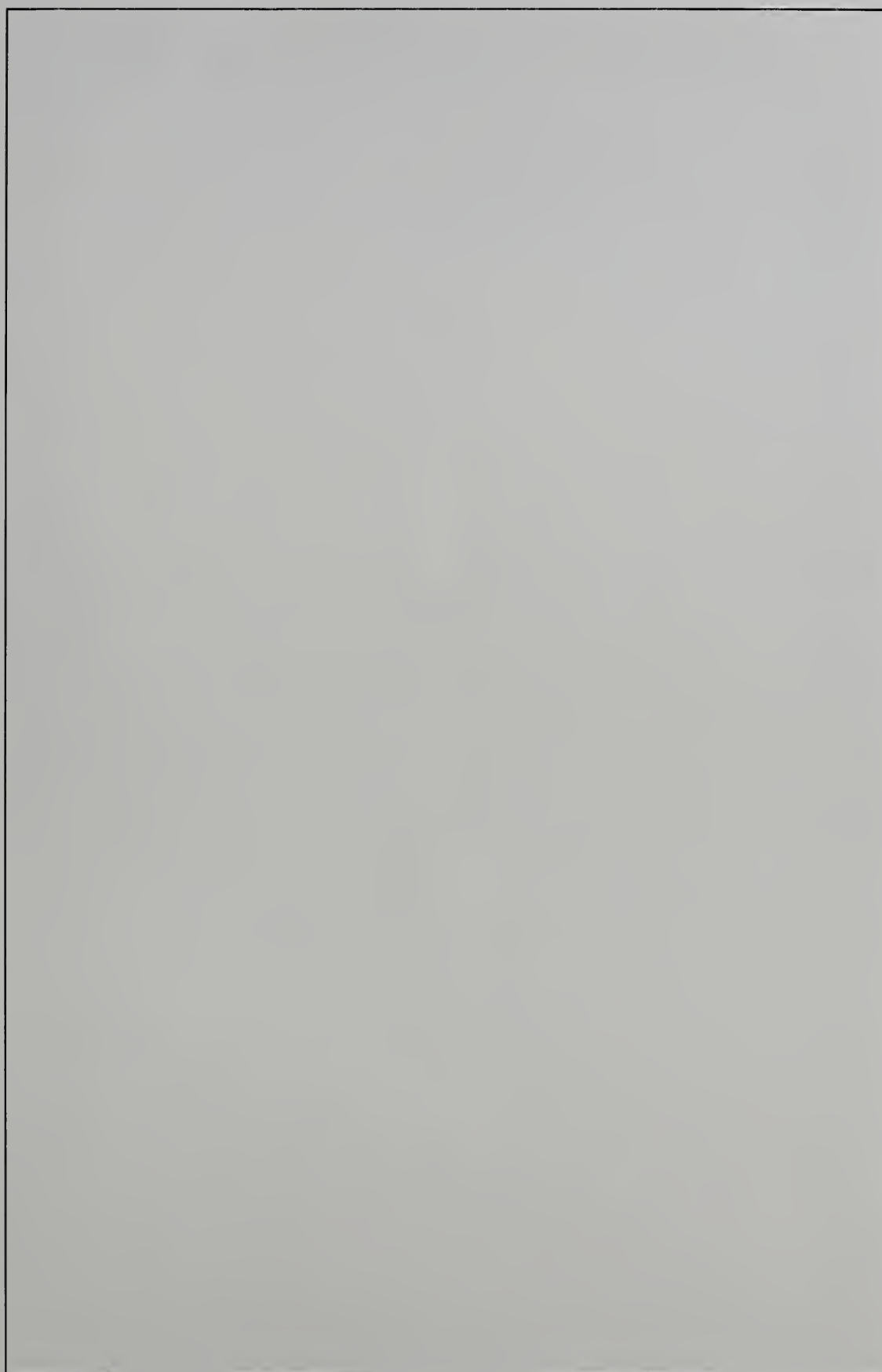
## NOTES

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NOTES



Handwriting practice lines consisting of 15 horizontal lines.





**Health Education and Adult Literacy  
HEAL: Breast & Cervical Cancer**

[www.worlded.org/us/health/heal](http://www.worlded.org/us/health/heal)



**WORLD EDUCATION**

44 Farnsworth Street  
Boston, MA 02210-1211  
Phone (617) 482-9485  
Fax (617) 482-0617  
[www.worlded.org](http://www.worlded.org)



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## **Breast and Cervical Cancer Organizations and Contacts**





# Breast and Cervical Cancer Organizations and Contacts

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To find out more about cancer, talk to your health care provider or contact one of these organizations.

## **American Cancer Society (ACS)**

**1-800-227-2345**

**<http://www.cancer.org>**

The American Cancer Society (ACS) offers a nationwide toll-free hotline that provides referrals to local ACS programs.

ACS provides information on all forms of cancer, answers to questions about cancer, and will mail free publications upon request. The Web site includes information for people with cancer and their families, a glossary of terms, and some information in Spanish.

## **The Cancer Information Service (CIS) of the National Cancer Institute (NCI)**

**1-800-422-6237**

**<http://cancernet.nci.nih.gov>**

NCI's Cancer Information Service (CIS) is the nation's education and research program that offers information on all aspects of cancer. CIS provides information and refers callers to medical centers and clinical trial programs. The Web site includes information for patients and providers, publications, and some information in Spanish.

## **Centers for Disease Control and Prevention (CDC)**

**National Breast and Cervical Cancer**

**Early Detection Program (NBCCEDP)**

**1-888-842-6355**

**<http://www.cdc.gov/cancer/nbccedp/about.htm>**

CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funds screening for underserved women, including older women, women with low incomes, and women of racial and ethnic minority groups. For information about free or low-cost local screening sites, contact your state department of health.

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**National Alliance of Breast Cancer Organizations (NABCO)**

**1-888-806-2226**

**<http://www.nabco.org>**

NABCO is a leading nonprofit resource for information and education about breast cancer and member organizations delivering breast cancer detection, treatment, support, and care. The organization acts as an advocate for needs and concerns of breast cancer patients and survivors.

**The Susan G. Komen Breast Cancer Foundation**

**1-800-462-9273**

**<http://www.komen.org> or <http://www.breastcancerinfo.com>**

The Susan G. Komen Foundation is dedicated to eradicating breast cancer as a life-threatening disease. The organization raises money through Komen Race for the Cure events in communities across the country and is the largest private funder of breast cancer research in the United States.

**Y-Me National Breast Cancer Organization**

**1-800-221-2141**

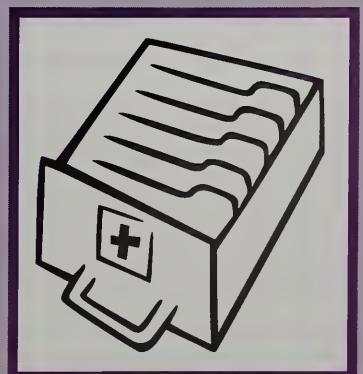
**1-800-986-9505 (Spanish)**

**<http://www.y-me.org>**

Y-Me offers breast cancer information, support, and facility referrals. Trained peer counselors, all of whom have had breast cancer, are matched by background and experience to a caller whenever possible. Y-Me also offers services in Spanish.

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## Finding Resources and Materials









# Finding Resources and Materials

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## Order This Free Video For Unit Three Lesson 4\*

National Cancer Institute. *Taking Control of Your Health: The Pap Test and Cervical Cancer*. Nebraska, Department of Health, 1992.

This video is designed to encourage women to have regular Pap tests to check for cervical cancer. Native American women are featured in the video, however the focus is also on family and community making the message accessible to all women. Accompanied by a 25-page booklet that explains how the video can be used. Call 1-800-4-CANCER or visit: <http://www.cancernet.gov/publication>.

\*This video and booklet are no longer being produced. National Cancer Institute has a limited amount in stock. Please order as soon as possible.

## Free Brochures, Booklets and Posters

### Breast Cancer

American Cancer Society. *Breast Cancer Facts and Figures 1999-2000*. Atlanta, GA, 2001-2002.

Provides a general overview of breast cancer and breast cancer issues. Also includes information on who gets breast cancer, how breast cancer is treated, screening guidelines, current research, local resources, and other relevant information. Publication number 8610.01. Call 1-800-ACS-2345 or visit: <http://www.cancer.org>.

American Cancer Society. *Cancer Facts and Figures - 2001*. Atlanta, GA, 2001.

Provides basic facts and information about specific cancers. Includes a section on cancer in minorities, tobacco use, nutrition and diet, environmental risks, and prostate cancer. Publication number 5008.01. Call 1-800-ACS-2345 or visit: <http://www.cancer.org>.

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American Cancer Society. *For Women Only: How to Do a Breast Self-Exam* (Shower Card). Atlanta, GA, 1991.

Steps of the breast self-exam printed on a plastic shower card to hang up as a reminder. Publication number 2028. Call 1-800-ACS-2345 or visit: <http://www.cancer.org>.

National Cancer Institute. *Mammograms: Not Just Once But For a Lifetime*. Bethesda, MD, 1997.

A two-page explanation of mammography that works well for classroom use. Matching bookmarks included. Publication number P392 (brochure) and Z271 (bookmark). Call 1-800-4-CANCER or visit: <http://www.cancernet.gov/publication>.

National Cancer Institute. *The Facts About Breast Cancer and Mammograms*. Bethesda, MD, 1997.

These facts are presented clearly and in the same style as “Mammograms: Not Just Once,” but with more detailed information. Also includes accessible graphs and charts. Publication number P211. Call 1-800-4-CANCER or visit: <http://www.cancernet.gov/publication>.

National Cancer Institute. *Understanding Breast Changes: A Health Guide for All Women*. Bethesda, MD, 1998.

This booklet explains how doctors distinguish breast lumps and other normal breast changes that often occur and can be confused with breast cancer. It encourages a woman to get regular screening mammograms and clinical breast exams, beginning in her forties. Publication number P051. Call 1-800-4-CANCER or visit: <http://www.cancernet.gov/publication>.

National Cancer Institute. *Understanding Breast Cancer Treatment: A Guide for Patients*. Bethesda, MD, 1998.

Many breast cancer survivors contributed to the development of this booklet. Topics include treatment decisions, options, emotional health, and follow-up care. Includes a glossary and other resources. Publication number P458. Call 1-800-4-CANCER or visit: <http://www.cancernet.gov/publication>.

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National Cancer Institute. *What You Need to Know about Breast Cancer*. Bethesda, MD, 2000.

A comprehensive, straightforward booklet with few illustrations and dense text. Sections include: The Breasts, Recognizing Symptoms, Diagnosing Breast Cancer, Planning Treatment, and Follow-up Care. Publication number P017. Call 1-800-4-CANCER or visit: <http://www.cancernet.gov/publication>.

National Cancer Institute. *Hagase un mamograma...Por su salud y su familia*. (Have a mammogram...For yourself and your family). Bethesda, MD.

This 11"x17" poster encourages Spanish-speaking women to care for themselves and their family by getting a mammogram. Publication number G415. Call 1-800-4-CANCER or visit: <http://www.cancernet.gov/publication>.

National Cancer Institute. *Medicare Poster: Mammograms for Older Women*. Bethesda, MD.

In the same style as "Over Age 40?" posters (below), featuring an older woman reminds women with Medicare coverage to get regular mammograms using the phrase "Not just once, but for a lifetime." Publication number G500 for English and number G501 for Spanish. Call 1-800-4-CANCER or visit: <http://www.cancernet.gov/publication>.

National Cancer Institute. *Over Age 40? Consider Mammograms Poster*. Bethesda, MD, 1997.

Set of 5 10"x17" posters with "Over Age 40? Consider Mammograms." message. Colorful and engaging drawings, each featuring a woman from a special population. Including: African American, Hispanic, Asian, Native American, and Caucasian. Publication number G438. Call 1-800-4-CANCER or visit: <http://www.cancernet.gov/publication>.

National Cancer Institute. *Why get Mammograms?* Bethesda, MD.

A physician's style pad with tear-off fact sheets on mammograms. Useful for classroom practice and at check-ups. Publication number Z448. Call 1-800-4-CANCER or visit: <http://www.cancernet.gov/publication>.



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National Cancer Institute. *Bookmark Packs*. Bethesda, MD.

Each pack contains 25 attractive bookmarks in the same style as poster publication number G438, with facts on breast cancer and mammography.

Indicate ethnic group using these publication numbers:

Asian (Z301), African American (Z274), Hispanic (Z463), White (Z275), American Indian (Z375), Medicare version (Z498), Medicare version/Spanish (Z499). Call 1-800-CANCER or visit: <http://www.cancernet.gov/publication>.

## **Cervical Cancer**

National Cancer Institute. *Having a Pelvic Exam and Pap Test*. Bethesda, MD, 2001.

An invaluable description of a pelvic exam, including a Pap test.

Publication number H709. Call 1-800-4-CANCER or visit:

<http://www.cancernet.gov/publication>.

National Cancer Institute. *The Pap Test: It Can Save Your Life*. Bethesda, MD, 1996.

A clear two-page description of the Pap test for use with lower literacy levels. Publication number P048. Call 1-800-4-CANCER or visit:

<http://www.cancernet.gov/publication>.

National Cancer Institute. *What You Need to Know About Cancer of the Cervix*. Bethesda, MD, 1994.

This booklet provides clear and important information about cervical cancer.

Includes an extensive glossary of terms as well as illustrations that can be easily copied and used to promote class discussion. Publication number

P019. Call 1-800-4-CANCER or visit: <http://www.cancernet.gov/publication>.

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## Other Classroom Materials

**Flip Charts.** *Spread the Word about Mammograms and the Pap Test.* National Cancer Institute, Bethesda, MD, 1999.

Using simple pictures and words, these free colorful flip charts illustrate the key messages that help women understand the importance of early cancer detection. Talking points that can be addressed while presenting the information are included. Publication number G444 for English and G445 for Spanish. Call 1-800-4-CANCER for ordering information or visit: <http://www.cancernet.gov/publication>.

**Mini Breast Model.** Concern Mini Breast Model for practicing breast self-exam. Waco, TX: Health Edco.

A small breast model that can be used in the classroom to demonstrate how to locate lumps. US \$3.39 each; minimum order 10 pieces. US \$2.79 each; minimum order 100 pieces. Choice of beige, brown or blue. Call 1-800-29903366 x295 or visit: <http://www.healthedco.com>.

**Poster.** *Tree.* Metzger, Deena. Berkeley, CA: Tree, 1997.

This 24"x17" striking black-and-white photograph of a woman with a tattooed mastectomy, accompanied by her poem, opens avenues for critical thinking on such subjects as overcoming barriers and embracing life after cancer. Order number P339TR at US \$24.00 per poster. Call (617) 876-5310 New Words - A Women's Book Store or visit: <http://www.newwordsbooks.com>.

## Background Reading

Auerbach, Elsa. *Making Meaning, Making Change.* McHenry, IL: Delta Systems Company, Incorporated, 1997.

This unique book invites readers to share their experiences, making their assumptions about literacy explicit, and work together to investigate new ways of teaching. Else Auerbach describes how teachers and students can collaborate, so that a curriculum is relevant to students' life experiences and helps them confront the challenges they face as workers, parents, and community members. ISBN: 0937354791 at US \$16.95. Call 1-800-323-8270 or visit: <http://www.delta-system.com>.

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Breen, Mary J. *Taking Care: A Handbook About Women's Health*. Toronto, ONT: McGraw-Hill Ryerson Limited, 1991.

Easy-to-understand, relevant, and accurate health information for women with limited literacy. Helps women understand common medical practices and procedures, stresses women's rights and responsibilities as patients, and describes what women can do to improve and control their health. Major topics covered include food and nutrition, stress, exercise, how to choose a doctor, sex and birth control, Pap tests, breast care, and menopause. ISBN: 007 551 303X at US \$14.95. Call 1-905-428-2222 McGraw-Hill Ryerson Limited or visit: <http://www.mcgrawhill.ca>.

Fadiman, Anne. *The Spirit Catches You and You Fall Down*. New York, N.Y: Farrar Straus Giroux, 1998.

Anne Fadiman's careful documenting of these two very different cultures - the western medical model with its trust in the truth of knowledge, technology and efficiency, and the spiritual beliefs of the Hmong people who lived in isolated mountainous regions of Southeast Asia passing on tradition through the telling of stories - may force you to question your assumptions of both. The story will hold your attention as a mystery novel might. Highly recommended for all teachers wanting an understanding of their own and others' beliefs about healing. ISBN: 0374525641 at US \$14.00. Call 1-888-330-8477 Farrar Straus Giroux or visit: <http://www.pubeasy.com>.

Lauber, Judi. *About Cancer: Information For Better Living*. Syracuse, NY: New Readers Press, 1994.

Written for adults reading at a pre-GED level (6th-8th grade), this book describes how men and women can reduce their risk of cancer by making informed lifestyle decisions. Includes information about the warning signs of cancer and what to expect from an early detection test. ISBN: 1-56420-031-0 at US \$9.50 for one to three copies, and US \$7.60 for four or more copies. There is a read-along audio tape with separate price, ISBN: 1-56420-032-9 at US \$16.00. Call 1-800-448-8878 New Readers Press or visit: <http://www.newreaderspress.com>.



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Love, Susan M., M.D. and Lindsey, Karen. *Dr. Susan Love's Breast Book*. New York, NY: Perseus Book Group, 2000.

Dr. Susan Love is one of the best known authorities on breast cancer. In this book, she provides a detailed explanation of breast health, breast cancer, treatment, and other relevant information. She answers questions many women have about finding a breast lump and/or being diagnosed with breast cancer. ISBN: 0738202355 at US \$20.00. Call 1-800-386-5656 Perseus Books Group or visit: <http://www.perseusbooksgroup.com>.

Norton, Mary and Campbell, Pat. *Learning for Our Health: A Resource for Participatory Literacy and Health Education*. Edmonton, AB: The Learning Centre Literacy Association, 1998.

Written by a teacher, this resource discusses literacy and determinants of health, describes and reflects on a participatory education model, and suggests ways to support literacy development in health workshops. Also includes a useful bibliography of other resources. ISBN: 0-9698539-6-3 at US \$18.00. Call (336) 574-1634 Peppercorn Press or visit: <http://www.peppercornbooks.com>.

Ostiker, Alicia. *The Crack in Everything*. Pittsburgh, PA: University of Pittsburgh Press, 1996.

The Mastectomy poems are 12 poems that make up the final chapter in this collection. This simply and beautifully designed slender paperback reflects how poetry can be used to express and gain access to emotions. This, and other poetry, can be a wonderful resource - good for a teacher to take a quiet moment alone or to calm a chaotic classroom. ISBN: 0822955938 at US \$12.95. Call (607) 277-2211 CUP Services or visit: <http://www.pitt.edu/~press>.

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William, Terry. *Refuge: An Unnatural History of Family and Place*. New York, NY: Random House, 1992.

A poet and naturalist interweaves love for her mother who is dying of breast cancer with her love for the birds of the Bear River Migratory Bird Refuge. As the birds are threatened on the Great Salt Lake and her mother becomes more ill, she takes us through her journey of acceptance and struggle with the changes that both have on her life. Recommended as a compassionate and thought provoking book that will leave you with hope and the possibility of renewal. ISBN: 0679740244 at US \$13.00. Call 1-800-733-3000 Random House or visit: <http://www.randomhouse.com>.

Williams, Marty and Sauerhaft, Beth. *Who Holds the Mirror? The Mural, Oral History, and Pedagogy of the Breast Cancer Oral History Action Project*. Snow Camp, NC: Peppercorn Press, 1998.

This guide helps illuminate the "Who Holds the Mirror? Breast Cancer, Women's Lives, and the Environment" mural, and supports inquiry, dialogue, and action. The mural - created in collaboration with a group of women learners to improve their literacy skills - travels to adult basic education programs, health centers, and women's cancer and social justice organizations. Order number 5100003 at US \$10.00. There is also a poster of the mural "Who Holds the Mirrors?" Order number 5100001 at US \$10.00. Call (336) 574-1634 or visit: <http://www.peppercornbooks.com>.

Walsh, Jeanna. *Women's Health, A Quick Easy Guide*. Syracuse, NY: Signal Hill Publications, 1997.

Advises women on how to stay healthy and how to deal with health problems. With contributions from teachers and adult learners. ISBN: 1-56853-034-X at US \$9.50 each for one to three copies and US \$7.60 each for four or more copies. Call 1-800-448-8878 New Readers Press or visit: <http://www.newreaderpress.com>.

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**HEAL:BCC Publications**  
Order Form







# HEAL:BCC Publications

Many of these publications are available  
for free on the HEAL:BCC Web site at:  
<http://www.worlded.org/us/health/heal>

## **Assessing Breast and Cervical Cancer Education Materials for Literacy Level and Cultural Appropriateness: A Guide**

This guide presents information and tools for assessing written health education materials on breast and cervical cancer for literacy level and cultural appropriateness.

Laurie Rosenblum, 1995. \$10.00.

## **Breast and Cervical Cancer Curriculum Sourcebook**

This manual was produced by a group of adult literacy teachers, students, and health educators. It documents the experiences of four teacher and student pairs who introduced the sensitive health topic of breast and cervical cancer into their ABE and ESOL classes.

World Education, 1994. \$15.00.

## **Breast Cancer and the Environment: A Curriculum Guide**

Many of the concepts discussed in this curriculum are complex. It is helpful for teachers to read background information on the topic to have a better understanding of the issues. Each lesson includes a GED practice section. Mিকেle M. Sedor and Martha Merson.

Edited by Sabrina Kurtz-Rossi, 1997. \$15.00.

## **HEAL:BCC Curriculum**

This curriculum is designed to introduce important health content into the ABE and ESOL classroom while at the same time teaching basic reading, writing, and oral presentation skills.

*Unit One: Action for Health* introduces general health and preventive care. *Unit Two: What is Cancer?* introduces cancer and the concept of early detection and screening. *Unit Three: Breast and Cervical Cancer* describes the details of going for a mammogram and Pap test. *Unit Four: Taking Action* prepares students to take action for themselves and to teach others what they have learned. World Education, 2001. \$20.00.

## **HEAL:BCC Word List**

This booklet is a 20-page mini dictionary containing easy-to-read definitions of medical words related to breast and cervical cancer. It is designed to be used with the HEAL:BCC Curriculum, but could be used independently. World Education, 2000. \$2.00.



Health Education and Adult Literacy  
**HEAL: Breast & Cervical Cancer**

## **My Life Story with Cancer**

This is a true, illustrated story written by a GED student about her experience with cancer of the cervix and fallopian tubes. A glossary is included. Also in Spanish. Mary Walker, 1994. \$2.00.

## **Passport to Health**

This 30-page booklet describes good health practices and the medical tests that can find cancer early when it is more easily treated. How to do self exams for breast, testicular, and skin cancer are described in detail. It is designed as an education and outreach tool as part of the HEAL:BCC Curriculum, but could be used independently. World Education, 2000. \$2.00.

## **What a Friend Can Do For You, Photonovel and Guide**

This booklet in photonovel format was written and produced by a group of ESOL students with their teacher. In the story, a Latina supports her friend in learning about breast exams and mammograms. Also in Spanish. World Education, 1994. \$2.00. The Guide covers the goals of the photonovel, suggestions for using it in the classroom, and follow-up activities. World Education, 1994. \$6.00.

## **Wome Take Care ....Take Action**

This guide includes a video about breast and cervical cancer prevention, a teacher's guide, and a viewer's guide. The teacher's guide presents a participatory approach to using the video in the classroom. The viewer's guide is for people with low literacy skills and/or non-native speakers of English. Elizabeth Fabel, 1995. \$25.00.



## **Health and Literacy Compendium and Culture, Health and Literacy**

The *Health and Literacy Compendium* is an annotated bibliography of print and Web-based health materials for use with limited-literacy adults. *Culture, Health and Literacy*, a supplement to the *Compendium*, is intended for health and literacy practitioners who work with adults from different cultures or with limited English literacy skills. Visit both of these documents on the Health & Literacy Special Collection Web site maintained by World Education with support from the National Institute for Literacy at: <http://www.worlded.org/us/health/lincs> or contact Julie McKinney at <jmckinney@worlded.org> to order free copies.



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Health Education and Adult Literacy  
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## **What Difference Does it Make?**

Interview with a HEAL:BCC Teacher





# What Difference Does It Make?

**An Interview with Debbie Tuler, HEAL:BCC Teacher,  
Charlottesville City Schools Adult Education,  
Charlottesville, Virginia  
October 16, 2001**

**By Elizabeth Morrish**

*EM: Tell me about your background and how you got into teaching adult basic education.*

**DT:** In college I majored in linguistics and then got a masters in cultural anthropology. I did not know what to do with a degree in linguistics. Teaching adult education was the first job I landed and I loved it! I loved it because I learned a lot, met people from all over. I find language learning and how people manage to communicate across language and cultural differences really fascinating. I enjoy the class I have now with students from all over the world.

*EM: How is it that you have students from all over the world in Charlottesville?*

**DT:** Refugees come to Charlottesville because of the International Rescue Committee refugee resettlement office here. People come from countries such as Bosnia, Togo, Sudan, and Afghanistan. The unemployment rate is very low so others come as immigrants; there are also the spouses of graduate students or visiting professors from Europe, South America and Asia. It is a very mixed group of people in many ways - culturally, in education levels, and why they are here and choose to go to class. Some students come to class to get work here, while others want to learn skills to use when they return to their own countries.

*EM: What levels have you taught in adult education?*

**DT:** I now teach a beginning literacy class and an advanced conversation class. I taught the HEAL:BCC Curriculum with a low intermediate class. I started teaching in 1988 so I have taught at all levels including workplace education.



*EM: Could you see using the HEAL:BCC materials at different levels?*

DT: Not with real beginners with no English at all, or with students who do not read or write in their own language, because at those levels, there needs to be so much conversation and the reading in the curriculum would be beyond them. However, at low intermediate and up, I would definitely use it. I just would not jump into the curriculum with students if they needed to learn vocabulary for basic living.

*EM: How did your students respond when you worked on the HEAL:BCC Curriculum?*

DT: Most of them really positively. But there is something I want to tell you just so teachers are prepared. There was one student who would not talk about health at all. She expressed very clearly that she wanted nothing to do with it. I really appreciated that she expressed it and did not just disappear. I had just started with the lesson about health in general - there is a writing assignment suggested with that lesson - and she wrote what was basically a letter to me saying she did not want to study or talk about health. I was teaching with a volunteer, so I arranged for the volunteer to work with this one student when we did the curriculum.

Throughout the curriculum, students are hearing about health in general so for everyone else that made them more comfortable. For some students, information about breast and cervical cancer was very new; for some they had a medical background in their own country and appreciated learning the vocabulary in English.

I remember pausing when that one student said she wanted nothing to do with health and thinking, does everyone feel this way? But they didn't. Looking back, though, she did participate when we made the health wall because that was construction and she had never used power tools. (This class constructed a free-standing double panel that they displayed in a common area of the center and used at community events.) She was also very computer



literate and was able to help others with HEAL:BCC work on the computer. All my students just happened to be women when I was teaching the HEAL:BCC Curriculum.

*EM: What would you have done if you had no volunteer?*

DT: That is a good question. That class met four times a week and I worked on HEAL:BCC two times a week. I think I would have given her the option to work independently, at home or in the library, during those times.

*EM: And if you had men in your class?*

DT: With male students, I would have linked the work to the lives of their mothers, sisters, and daughters, and included more on cancers specific to men. I would have given them research assignments and asked them to present what they found out to the class. I remember the curriculum suggests bringing someone in to work separately with the men while the women are learning about breast self-exams. That would be the time for them to learn about prostate cancer and testicular cancer. But, you know, the approach I take depends a lot on the particular men and the dynamics of the class. The way I would do it with one class may not be the same as I would do it with another.

*EM: Can you tell me how the students responded to this material and what skills they learned?*

DT: Many shared what they learned with family and friends so they obviously thought the information was important. They learned about going to a doctor, a clinic, or a hospital – not only the language skills but what it was like. There is one lesson that has students picking up brochures when they can in their community. That gets them into medical buildings in a very non-threatening way. It's not about being sick or having to make an appointment.

Having the curriculum use problem-solving gets people thinking in ways they may not have thought of. Then, participating in class discussions and hearing other people's ideas helps to develop critical thinking skills. For instance, Stella's story uses pictures to describe what is going on in Stella's life. As a teacher, I appreciated that this lesson did not tell the students you should do this or that but allowed them to come up with what was relevant to their own lives, and also to think of options that are realistic.

*EM: Did you see your students' health behaviors change in any ways?*

DT: A couple did make appointments for gynecological exams. Most of my students did have regular check-ups in their own country. However, they were so intimidated by the language and by the health care system here that they had not gone for health care before we worked on the HEAL:BCC Curriculum.

*EM: What advise would you give a teacher thinking about using the HEAL:BCC Curriculum?*

DT: The most important thing is not to do it alone. Find other teachers in your program or in the area who will also use it, so that you can talk about your experiences as a HEAL:BCC teacher. In my program, we did not get together as often as we had planned but did meet several times. Come together in person if you can. Statewide, we tried to communicate over e-mail, but it did not work at all. Before you start this curriculum, you will be thinking about putting support in place for your students. Remember, as a teacher you also need support. You need to be able to talk about how you feel before you start the work. You need to be aware of your own discomfort, so get together with other teachers beforehand and talk about that. You can really want to do the work and know how important it is to do the work but still feel uneasy. Talk about what would be really hard about opening up the topics of breast cancer and cervical cancer, then get

together with the same teachers or with one teacher in the middle of doing the curriculum, or as needed for you. You know, we didn't even have to get together, it helped just knowing I could call someone who was going through something similar. Part of it was being able to ask "How did this lesson go for you?" So, having a colleague not using or familiar with the curriculum would not be as helpful.

*EM: You mentioned the woman who did not want to deal with anything to do with health. Is there anything else a teacher needs to be prepared for?*

DT: Keeping people interested for the whole curriculum was a challenge for me. There were days when they sasked, "Do we have to do this depressing topic?" Maybe it would be better to scrunch it all together, and not spread the curriculum out over 10 weeks, but it was helpful that we could integrate it into other work we were doing.

*EM: And what about some successes that teachers can look forward to if they take on using this curriculum?*

DT: As I said earlier, people going for checkups that they had not done before, learning about the health care system, and learning new language to have the skills to communicate health information. And surely that is what teaching is about.

*EM: Did doing this work change you in any way?*

DT: Well, I certainly learned about breast and cervical cancer. I also think I would be more comfortable in the future to talk to students about cancer, trauma, and what is happening in the world today. Once you have talked about something hard you can then take on other issues. I had dealt with serious health care concerns with students before, especially in workplace education, but that was more with health safety and not personal health. I was really thrown off by the woman who refused to participate because that had never



happened before. I felt there was something going on that needed to be addressed but how could I open that up? I have to remember the hardest people to reach are not always reached at the time when you have them as students. You teach your students long after they leave the classroom. They may learn something later on in life when they are ready. But I reached this particular student in a different way – her writing to me that first time meant she continued to write regularly. I definitely opened something up. I have to keep reminding myself she did get something out of this.

I now realize the more you take hard things on, the easier it becomes. It is important as a teacher to acknowledge the hard things in all of our lives since this too affects how we learn. Maybe new teachers have the enthusiasm to take this work on, while the experienced teacher is ready to tackle something they have not tackled before.

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## **Why Teach Health?** An Article







# Why Teach Health?

## **Excerpt from The ABE Curriculum Framework for Health, Massachusetts Department of Education**

*As a content area, health intersects with the goals, best practices, and special problems of adult education. Addressing health in the classroom allows teachers and students to enrich their learning environments and experiences, as well as students' lives outside the classroom. The rationale for integrating health into adult education is highlighted below.*

### **1. *Poor health interferes with the success of adult learners.***

Teachers have long been aware that the academic success of students relies heavily on their physical, emotional, and family health. Adult education teachers in particular have noted that many adult students miss school often due to personal or family illness so that they cannot make the academic gains they desire. In fact, many students in ABE (Adult Basic Education) and ESOL (English for Speakers of Other Languages) classes have extremely limited access to comprehensible health care information and affordable health care services. This is often due to low literacy or insufficient English language skills, and myriad social and economic circumstances.

### **2. *Low literacy and poor health are interrelated in a number of ways.***

Adult educators' observations are substantiated by numerous medical studies confirming that adults with less education experience more health problems than adults with higher education levels. For example, medical researchers have found that as less-educated adults age, they are more likely to be depressed than adults with more education (Journal of Health and Social Behavior, 2000). Another study indicates that less-educated individuals show more signs of physiological wear and tear than those who are more educated (Annals of Behavior Medicine, 2000). Research also indicates that people with lower literacy skills are likely to be under more stress, to have less self-confidence, and to feel more vulnerable than better-educated people.

Another factor in the literacy and health connection is poverty. Poverty, low literacy, and health problems are interrelated in a number of ways. For example, many babies born into poor families have low birth weight, which increases their risk of developing health and learning problems. Literacy affects people's access to decent jobs and thus to adequate incomes. Poverty affects people's ability to access and use both literacy and health services. Adult educators report that many students are hindered in their learning by problems directly related to living in poverty, such as inadequate nutrition, substandard housing, lack of transportation, crime, unsupportive home lives, and affordable child care.

Language and culture also affect access to health services and information. People with limited literacy skills in English have trouble reading and understanding health information unless it is clearly presented and linked to their realities (although even people with higher literacy skills articulate a need for personalized health information and communication). People with limited literacy tend to have less background health knowledge and vocabulary and therefore may not understand written or verbal information. They may not know about the services available to them, and may feel powerless and intimidated in relation to health professionals and institutions.

**3. *Health information and practical skills can be applied directly to adults' lives and incorporated into daily decision-making.***

Learning skills, such as how to keep a personal health record, access community health services, and call 911, are not only empowering but also can make critical differences in everyday life. The power of this direct relevance to real life is evidenced in this true account:

*In an ESOL classroom with most students at the beginner level, the teacher explained about using the emergency number 911. The students asked questions and learned the importance of keeping their names, addresses, and telephone numbers by the phone.*

*A few weeks later, Marly breathlessly told the class about her need to call 911. She described exactly what happened to her that week. Her four-year old son choked on a piece of meat and quickly lost consciousness, falling on the floor.*

*When Marly saw her son, she remembered 911. The EMTs were at her door within two minutes, she reported. She was amazed that she only had to give her phone number; the rest of the information came up on the emergency operator's computer.*

*"I thank God that I had this information," Marly said.*

**4. *Adult learners say learning about health is important and improves their literacy skills.***

In a landmark participatory action research study, Marcia Hohn (1998) documented adult students' perceptions of health education. Students recognized that health topics facilitate and motivate literacy learning. One student reported that when she realized that what she said was more important than how perfectly she said it, she was "released" from the fear of speaking "not so perfect" English. Teachers reported an intense engagement in conversation about health topics that enhanced speaking, listening, reading, and writing activities. The classroom became an "open" space to talk about health, not only for the students but also for the teachers and other staff.

**5. *Students find ABE and ESOL programs to be good places to learn about health.***

ABE and ESOL programs, students said, provide a supportive environment to develop understanding of health information and time to relate the information to everyday life. Students preferred to choose which health areas to explore and perceived health broadly to include such issues as street safety, housing conditions, the stress of immigrant life, as well as diet, exercise, and prevention/early detection of disease. They reported enjoying a "learning together" approach with teachers and community educators that eases reliance on "expert knowledge."



Dr. Hohn also documented what students perceive to be the problems with health education among limited literacy individuals and groups. While ABE and ESOL students agreed that easy-to-read materials are essential, they said that there is too much reliance on written materials and that difficult materials are only the tip of the iceberg. Much more important is the provision of a psychologically safe environment in which to learn about health – an environment that also helps people connect health education with everyday life. Adult learners want to know: “What does this health information mean for me as an individual, for my family, friends, neighbors, co-workers, and people in my other social networks?” The opportunity to consider health information in the context of everyday life is critical, they said, as is a “safe” opportunity to ask questions.

**6. *Adult educators are experienced in presenting content to limited literacy groups.***

ABE and ESOL students observed that too many community health educators do not understand how to work with limited literacy groups. Such health educators talk too fast, make too many assumptions about what people know, and use scientific jargon and statistics. Adult learners noted that limited literacy groups, especially those from other countries, cultures and traditions, may not understand concepts of prevention and early detection, and that they may not know that access to community health services is both a right and responsibility in the United States. Such groups may also fear discrimination in accessing community prevention, screening and health services, especially when they do not have health insurance (which is often the case) and/or may be limited in the English they speak. They feel afraid of how they will be treated and insecure about their rights and responsibilities.

**7. *Health content is a vehicle for student leadership development.***

Because health is personal and global, and because it is a common denominator of life experience, it is the quintessential motivator for learning, communication, and action. Adult educators report about students who, before studying health, were quiet and reserved in class.

But when given the opportunity to learn and teach about health issues they identified as important, these same students became outspoken and eloquent, designing and presenting workshops, skits, brochures, and community meetings. One woman (a Spanish-speaking GED student) exhilarated after teaching her first CPR class (in English!), announced, “I have never done anything like that in my life!”

In addition, we have learned that we teachers do not have to be health experts to teach health. Indeed, our students can take on that role, dramatically changing the dynamics in the classroom. In contrast to preparing a student for a driving test where we teachers are presumably “expert” and our students “novices,” when it comes to health we are all “novices” and we are all “expert,” depending on the topic. For example, a student infected with HIV can demonstrate expertise and first-hand knowledge that not all health care professionals have. Teaching and learning about health is most effective as an interactive process in which all perspectives are valued and everyone in the classroom recognizes that they are learning together.

When adult students and teachers engage with health issues in this equalizing process, they become serious advocates for themselves, their families, and their communities. Sharing health information has given scores of ABE students and teachers the confidence to address personal health situations, to participate in community health efforts, and to begin the process of taking control of their education and their lives.

**8. *Literacy and health goals have a better chance for success when pursued together.***

Partnerships between people working in the health and adult education fields have great potential for mutual benefit. From a health standpoint, literacy programs offer ways to reach people who are most often at risk. The adult literacy classroom is a safe place where health information can be shared, discussed, and analyzed. As members of families and communities, literacy learners can act as a channel for health promotion among low-income, immigrant, and minority populations.



From a literacy point of view, health issues provide important content around which reading, writing, speaking and math skills can be learned and practiced. Because of their critical importance to adult students, these issues help provide motivation for learning basic skills. Through learning about health issues students develop skills and knowledge used in making everyday health choices for themselves and their families.

While addressing health in the classroom offers tremendous benefit to teachers and students alike, health as a content area can also present unique problems.

Because health issues can be intensely personal and private, health content may elicit strong emotional reactions in both teachers and learners. While some students and teachers might be ready and willing to investigate the difficult issues of family violence, cancer, and sexually transmitted diseases, others most certainly will not. Cultural differences can also heighten the volatility of certain health discussions in the classroom. These potential problems, however, should not deter anyone from addressing health. When choosing or creating a health curriculum, teachers can take guidance from the class itself. Focusing on those health issues that everyone feels willing to address allows for many valuable educational experiences that can improve the literacy, leadership, and life skills of learners.

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— (1997). *Health Impacts of Social and Economic Conditions: Implications for Public Policy*, Canadian Public Health Association.

**Web Sites:**

HEAL:BCC Web Site at: <http://www.worled.org/us/health/heal>

Movement for Canadian Literacy at: <http://www.literacy.ca/litand/health/overview.htm>



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**It's Not Just an Earache that I Have**  
An Article





# **It's Not Just An Earache That I Have**

**By Lee Hewitt**

I teach English as a Second Language at the Adult Learning Program, (ALP) a community-based center in Jamaica Plain, a multiethnic section of Boston. The curriculum that I develop in my classrooms evolves from concerns and issues that are critical to the students' lives. Health has always been a key issue for the ESL learners in my classes. However, I had never dealt with breast and cervical cancer, pap smears, mammograms and breast self-exams before.

I was really unsure how to approach this subject or how receptive students would be to exploring this aspect of health. Also I was going to develop and work with this curriculum in a mixed classroom. The students were men and women ranging from ages twenty-one to fifty. They were Vietnamese, Chinese, Cape Verdean, Dominican, Mexican, El Salvadorean and Puerto Rican. I had many concerns and a nervous edge of fear when I first thought of addressing these issues in the classroom. How would I get onto the subject of breast and cervical cancer? How would I deal with the potentially embarrassing aspects? What information did I need to know before I began? Would students want to explore this topic at all? Was this even a good topic for an ESL class? These questions and many others tumbled through my mind. And what was that feeling of fear all about?

## **Stepping through the fear**

In talking with other teachers, in thinking about my initial response and the responses of my students to the topic of cancer, I have seen that fear creates a large barrier to addressing this health issue in the classroom. Why? Because cancer is scary!

Everyone has a cancer story: a close or distant relation who has suffered from cancer or they themselves have confronted cancer in their own bodies. Cultural attitudes towards cancer give it a great power. For example, a Chinese doctor in my class explained that in China if there was cancer in someone's family, another family might choose not to let their child marry into that family because of the presence of that disease.

The dreadful features of cancer - its pain, its unpredictability, its equation with death - all make cancer a magical Medusa-like disease.

So what must we do if we are going to deal with this health issue in the classroom? First off, we should own our fear because cancer is scary. We are no longer talking about simple ear infections that can be treated with antibiotics for 10 days. However, because everyone does indeed have a cancer story, I found that there was a vibrant place for this health issue in the classroom. Students thanked me for talking about the subject. Students helped me step through any fear I had about dealing with this topic. In fact, I found that we stepped through the fear together.

A doctor who writes about healing, Gerald Jamplosky, talks about how "love is letting go of fear." Love and caring can be the sources of your energy to talk about breast and cervical cancer and the actions we can take to detect them and take care of ourselves. This love and caring helped me let go of my fear and allowed my class to face this terrifying issue together. The informational brochures on cervical cancer, breast cancer, and Pap smears, mammograms and breast self-exam lie lifeless in the clinic waiting room. But those same brochures, augmented by dialogue, role plays, realistic diagrams of the body, and personal stories, take on a new life in the safe, sharing community that usually exists in the ESL classroom.

### **Teacher Work: Getting Ready**

I had the good fortune to be able to develop curriculum with the support of the Educational Literacy Initiative work and the help of my ESL student, Ramona Roberto. In the group, we read articles about breast and cervical cancer, Pap smears, mammograms and breast self-exams that helped us feel more prepared to deal with these topics in the classroom.

An equally important task for me was a survey that I did among my friends about mammograms and Pap smears (now I would include breast self-exams as well.) Had they ever had a mammogram? Had they ever had a Pap smear? What did their doctor tell them about it? The value of these interview were two-fold. I found out a lot about the kinds of myths that



surrounded people's understandings of these issues and tests, and got some practice talking about this pretty intimate health information with people.

The vocabulary of mammograms, Pap smears, breast cancer, and cervical cancer started to slip into my everyday conversation. I started to develop a fluency with this vocabulary before I dealt with it in the classroom. Also I found that people were quite willing to talk about these health issues.

### **Defining My Role, Defining My Goals**

I also thought about my role in presenting this material in the ESL classroom. Because I am not a health educator or medical practitioner, I defined my role pretty narrowly. I didn't need to know all about breast and cervical cancer. I wanted to know enough to handle basic questions and be able to help students sort through fact and myth about the diseases and the detection tests.

As a language teacher, I saw my role more clearly as providing vocabulary and basic health information about breast and cervical cancer and providing opportunities to practice language skills that would help students access the health services available in the United States. I wanted to give the students the tools they needed to get a Pap smear and a mammogram, to know more about breast self-examination, and to talk with their health practitioners more about all of this.

One concrete goal was to get women students in my class to the clinic for Pap smears and if needed mammograms and to start doing regular breast self-exams. Most important for the men and women in the class, I wanted to bring these issues into their everyday consciousness.

### **"Good Health:" A Way In**

Students in my class expressed a desire to learn about health. I knew I wanted to explore breast and cervical cancer but I was unsure how to bring it up. I decided I needed to know about the health practices of the students in my class before charging ahead with this topic.



I started off by exploring “good health.” What is it? What do people need to do to have good health? Were students’ lives healthier or not now that they were in the United States? What did people do to stay healthy? We explored nutrition and exercise; natural remedies and western medicines; culture shock; and some common adult and childhood illnesses. Students’ health vocabularies were growing and the health topic was expanding.

It was an excellent way to find out what students’ health habits and attitudes were. For example, did students see a regular check-up as part of a good health regimen? Were these students taking care of their own health needs as well as their children’s? What health “culture” did they have in their own families and communities?

Ramona Roberto explained the attitude and experiences of many of the Dominican students. “In our country people usually don’t go to the doctor for regular check-ups, only when they’re not feeling good especially the women when they are pregnant. However, hundreds of them even though they’re pregnant never go to the doctor and they have the baby at home.”

This presented a very different picture of health than the one that is compatible with getting regular Pap smears and mammograms. Many of the students explained that they come from countries where home natural remedies are by far the norm for health care and people don’t go to the doctor, clinic, or hospital unless they are experiencing a lot of pain. Many students explained that the poverty of their countries restricted the kinds of medicines and health care available to most people. From these explanations, it became clear that it is not necessarily just a lack of knowledge about Pap smears or mammograms that keep people from getting them: it is deeply rooted attitudes, experiences and health practices.

### **Moving On To Cancer**

We moved from good health to talking about cancer as a disease that affects all people. A brainstorming activity revealed that everyone knew what cancer was except one student who immediately understood when

the word was translated into her first language. Everyone had ideas about what caused cancer, the different kinds of cancer and what we can do about it. In this initial exploration of what people can do about cancer, the discussion was general and did not involve such specifics as early detection.

Everyone had personal stories to tell. These were low intermediate students with a wide range of fluency skills, but they told wonderful stories in English about their friends, or their relatives experiences with cancer. After this general discussion, we acted out a dialogue that Ramona and I had written about two women and their experiences and concerns with breast cancer. This dialogue became the script of the photonovella.

Through this dialogue work, important attitudes surfaced. Students acknowledged that people often ignored their own health because they embraced the idea, “this will never happen to me.” Everyone found it difficult to find time to go to the doctor, especially if they didn’t have any pain. This made it necessary to explore the painless aspect of the early symptoms of breast cancer and cervical cancer. This was a pivotal informational point for many students. It awoke a fear that lurks within us all... “What if something is wrong and I don’t know it?” I believe that this fear was motivating and by the end of our breast and cervical cancer curriculum unit, five women from our class had gone to the clinic for long neglected checkups.

### **Role Playing**

We spent about a week and a half talking about cancer in general, then breast cancer, lumps, breast self-exam and mammograms. This is pretty heavy material, and I found that students had a breaking point that was important to observe. To ease the intensity of the cancer focus, at the end of the week we did role plays. For this activity, I wrote descriptions of three real-world situations in which the participants spoke with each other about health-related problems that I had heard students mention at different points during the unit. The students pair off, and each pair randomly picked an index card on which one of three situations was described. Each member of the pair then role-played one of the

participants in the situation they had chosen, deciding what to say within the conversation I had set up.

These are three role-playing situations:

- You have a friend who is 35 years old. She hates going to the doctor so she never gets a check-up. Tell your friend why it is important to get a check-up.
- You are very sick. Call your boss and tell him why you can't come to work.
- Your best friend doesn't want to do monthly breast self-exams. She thinks that they are stupid and embarrassing. Talk to your friend about breast self-exam. Tell her what you know. Tell her your opinion about doing them.

The form of this activity allowed for some fun and spontaneous conversation using the vocabulary and grammar that we had been developing over the preceding weeks. Students wore signs indicating the role they were playing (for example Friend or Boss) to emphasize the role-playing nature of the conversation. I listened for grammatical errors that students made in spontaneous speech that they didn't make in controlled grammar exercises.

This activity enabled the Chinese woman to voice her reserve and receive gentle advice from another student, all in the context of playing a role. This process was very important because it let me hear the issues of concern for this woman: lack of health insurance, language fears, and embarrassment. In addition, the other student was able to give her advice on every point.

It turned out that this woman had not had a check-up since her son had been born five years ago. Our curriculum reflected many of the factors that kept her from getting a check-up and showed her how to get the health care she needed. After completing the cancer unit, we had a



week-long break from class. During that time the woman went to a clinic with her cousin who translated for her. She got a Pap smear and had a breast exam that revealed that she had a small lump in her breast. She has scheduled a mammogram and has learned how to do a breast self-exam. I felt very happy that she had taken the initiative to get a check-up as a result of our curriculum

### **Listening**

People have a limited tolerance for confronting something as frightening as cancer. I wanted to respect those limits, limits that I actually shared with them. To hear those limits though, one must be listening. This kind of curriculum topic I think demands that the teacher be listening in and out of the classroom, perhaps a little more than usual. I had many conversations with students during this time about their own health fears and concerns. I made it a point to talk with students who seemed especially uncomfortable with the topic. In this way I learned more about the background knowledge and experiences that people brought to this topic. Ramona also provided me with insights into the mood of the class and individual students. Bluntly, you can't just present this information and run.

Also, I found that people's stories did not come out in a linear fashion. Individuals had different timing. It wasn't until the second part of our cancer curriculum that a middle-aged Vietnamese man quietly proclaimed his great fear of cancer. His mother had died of breast cancer when he was 4 years old. He was concerned that you could catch cancer from other people and he was very concerned about a possible genetic connection. In response to his situation, I made sure that I found a good article from *News For You* and some informational brochures from NCI on prostate cancer, which is a common health concern for men of his age. I shared this materials and talked individually with him.

### **Embarrassment**

Embarrassment is something that teachers will hear from their students and perhaps experience for themselves too. Should we abandon information because it is embarrassing? How can we get through the

embarrassment? For example, through this curriculum we dealt with parts of the body not usually addressed in an ESL classroom. All those strangely neutered body-part models in ESL texts implicitly let us neglect teaching body parts vocabulary that is in fact much needed by the adult ESL learner, whose health concerns definitely concern those private parts of the body. In fact that was one of the first parts of the unit concerning body parts vocabulary - breast, penis, vagina - and body functions such as menstruation (period and period cramps - which I saw all the women scribble down immediately in their notebooks...), bowel movements, urination... and the more common terminology for all this as well.

I was continually impressed by the generosity of students to respect each other's embarrassment and soften the awkwardness with jokes and story telling. Embarrassment did not shut the door to this topic. I integrated it into the curriculum and it also took on a cultural note. People acknowledge the openness of U.S. society in talking about this kind of issue. At times, I apologized to people about the embarrassing nature of this topic. But most students, men and women, were emphatic that this topic should be discussed and learned about by both sexes. In fact, one discussion focused on that point. In a model grammar exercise in the form of a true/false quiz, one of the statements was "Men should learn about women's health issues." I asked the men first what they thought. The men were from three different countries and of varying ages. All agreed that it was important because they wanted to be able to help the women - wives, girlfriends, mothers, sisters - in their lives.

### **Using "Mary's Story"**

My curriculum was really focused on early detection. For people to understand the importance of early detection, they need to learn the whole "story" of the disease. What happens when early detection does not happen?

Mary Walker's *My Life Story With Cancer* proved to be a powerful tool in opening up the subject of cervical cancer and in motivating the readers to look at their own health behaviors and attitudes. In order to talk about



this subject I had to talk about a woman's reproductive organs. I used a simple diagram. This proved to cause more embarrassment than talking about breast cancer, mammograms or breast self-exams. Why? I think because the cervix is inside the woman's body and it is closely related to sex.

One Chinese woman covered the diagram with her hand and found it very difficult to look at. She explained that in China she had not ever talked about this and she really didn't want to look at it. I apologized that it made her so uncomfortable, but I felt we had to clarify the anatomy of this problem so I plunged ahead with vocabulary building.

This vocabulary didn't just sit there but was used immediately in the context of understanding Mary's story. The compelling human aspect of this story helped to shift focus from the talk about embarrassing parts of the body to the specifics of Mary's experience which reached out to people and made a profound impression on them. Mary's reluctance to go to the doctor until her pain made her spoke loudly to this group of readers. The support of her family and friends through the ordeal was very important to the class.

I developed some comprehension questions for the story in order to double back and check out what people had understood and what needed to be clarified. However, the crux of the conversation came through exploring two different questions: "What did Mary learn from her experiences?" and "What did you learn from Mary's experiences?" Here are some examples of what students wrote:

*I think you should visit the doctor for a check-up. If you have a friend who ignores it tell them to go to the doctor.*

*I learned that when I have some problem with the health I should go to the doctor. When I talk to the doctor I shouldn't feel shy to talk to the doctor all about my problem.*

*I learned from Mary's story that it is necessary to go to the doctor every year for a regular check-up. Also I have to take care of myself and not think that I'm never going to get any serious sickness.*

*From Mary's story I learned about cervical cancer. Before I didn't know about this. I didn't pay attention to my health about this. But, when I read this story I felt scared and I said to myself that I need to go to see the doctor. I should check-up very often. I should take care of myself. However, I thank Mary because from your story about cancer it helped me know that my health is very important to me. Also it could help me to know that if I ignore my health it might be very dangerous. Mary's story helped me know more and get more information from her.*

A young El Salvadorean man wrote:

*I learned that I have to pay attention to my mother and my sister because sometimes my mother doesn't go to her appointment. I don't know if she had a mammogram or Pap smear.*

Mary's story helped students look at their own health attitudes and behaviors. One student took it home and shared the story with her teenaged daughter. Her daughter's response was, "Mami, you have to take care of yourself, go to the clinic to make an appointment for a check-up. It's a serious problem." And in fact that student did go have a much needed check-up after we finished with this curriculum unit on cancer.

### **Expanding Our Knowledge**

As a final piece for this health unit I developed a simple health interview that incorporated many of the health topics that we had talked about from natural remedies and exercise habits to Pap smears and mammogram. I asked the students to do a health interview with a friend or family member and then write a health story about that person from the interview. I told the men in the class that they didn't have to interview a woman if

they didn't feel comfortable and that they could ignore the Pap smear, mammogram and breast self-exam questions. Interestingly out of three men only one chose to interview another man.

This interview became an informal assessment tool for me because it enabled me to see what students had understood and retained and what areas they still felt unsure about. We role-played the interview in the classroom. A student interviewed me. Through this process we once again clarified vocabulary and went over Pap smears, mammograms, and breast exams. I asked them what they would do if the person they were interviewing didn't know what a Pap smear was. Some responded that they could tell them about it! I reassured them that if they didn't feel comfortable explaining something that they should share the low-literacy fact sheets and brochures that I was handing out with the interview assignment or they could encourage their friends to ask their health practitioner questions.

I had gotten into the topic of cancer by interviewing friends and bringing this vocabulary and health issue actively into my life. I wanted the students to finish this curriculum in the same way. They could assert their "fluency" with these health issues and share their knowledge with their community. As a follow-up to this, I handed out a list of all the vocabulary terms we had encountered. I also asked students to make sentences with the words to assess their fluency.

### **Health is Life**

By the end of the curriculum unit I was convinced of the importance of this material in the ESL classroom and in the lives of my students. If I was developing this unit again, I would trust more and worry less. As one of my students wrote, "I think health is the most important thing in life." Indeed this curriculum is not just about breast and cervical cancer and early detection - and that is its strength. It is about life. As Ramona, the student consultant, wrote after interviewing her classmates about the curriculum:



*Everybody thinks that the classes were very interesting and educational for everybody. People also said that they could learn from these classes, what they can do to make their life better.*

I began this curriculum looking at good health. It really came full circle because everyone realized the connection between early detection of breast and cervical cancer and good health. But perhaps most profoundly, everyone embraced how good health leads to a good life.

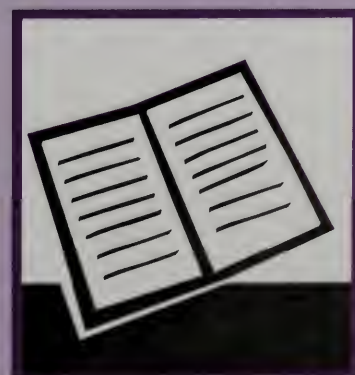
Adapted from the Breast and Cervical Cancer Curriculum Sourcebook, pp. 7 - 18, World Education, Boston, MA, 1995.

For copies of *My Life Story with Cancer* go to:

<http://www.worlded.org/us/health/docs/mary/introduction.html> or use the HEAL:BCC Publications Order Form included in the HEAL:BCC Teacher Support.

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**HEAL:BCC and Pre-GED  
Skills Development**







# HEAL:BCC and Pre-GED Skills Development

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## Introduction

The information that follows will give you a good sense of the relationship between the HEAL:BCC Curriculum and the traditional pre-GED curriculum. This information will allow you to include HEAL:BCC in your classes in ways that will enhance students' academic skills while introducing them to valuable health education content. In many ways, HEAL:BCC is a *reading comprehension and writing* curriculum. Although the content is health, the structure, format, and activities of the curriculum are designed to help students apply, enhance, and extend their skills. The HEAL:BCC Curriculum is designed to be used in its entirety. Taken as a whole, the curriculum helps teachers to guide students through an ordered set of lessons that continually build upon each other to help students develop essential reading and writing skills, critical thinking abilities, and, most importantly, provides the opportunity to use these skills in a real-world context.

## Writing and Language Skills

The HEAL:BCC Curriculum provides a variety of opportunities for students to use and develop their writing skills further. The particular skills that can be addressed by the included assignments will depend on the ways that individual teachers use them. If the primary emphasis in writing is to gain fluency, students may be encouraged to focus on content and expression of thought, rather than grammar and mechanics. Conversely, in a setting where the emphasis is on a draft/editorial process approach, students will focus more on the development of their grammar/mechanics than on the content and its full development. Most teachers try to balance these two approaches, recognizing that both skills are necessary for success.

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## **Reading Skills**

The underlying assumption of a pre-GED level curriculum is that students will be reading at a fifth-grade level or above. The HEAL:BCC Curriculum provides students with extensive exposure to the specific skills needed to become better readers in science and social studies content areas. The kind of reading that students practice with the materials in the HEAL:BCC Curriculum is often called “document literacy.” It is focused less on the kinds of skills addressed by reading literature – theme, plot, character, etc. – than on the skills necessary for reading the sorts of documents most adults encounter in day-to-day work and community situations. Increasing students’ ability to read and understand these types of materials will have pragmatic benefits in work and family situations, while at the same time developing critical skills for taking tests.

## **Using the Charts**

The HEAL:BCC Curriculum supports skill development in writing and language, science, and social studies. The attached charts list discrete skills necessary for students at the pre-GED level and the curriculum lessons that support mastering these skills. The list of skills was selected from Contemporary’s Pre-GED Series. This series was selected because it has been extensively field-tested prior to publication, and because the series is widely used in adult education programs across the United States. The decision to use this series should not be regarded as an endorsement of these particular books; on the contrary, we recognize that a variety of similar series are available from other publishers.

The pre-GED skills listed in the chart are not the only ones teachers cover, nor are the only ones that students need to master. However, they represent broad consensus about the specific, academic skills necessary to help students prepare for the GED exam.



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The charts connect pre-GED skills to the lessons and projects in the HEAL:BCC Curriculum. The following approach to using the charts may prove helpful.

Read through the HEAL:BCC Curriculum in order to familiarize yourself with the content, expectations, and style of the document. Determine for yourself what you think the greatest value of the curriculum will be for your students. Review the “Pre-GED Skills Checklists” to identify the component skills of Writing and Language, Science, and Social Studies that are addressed in the various lessons of the curriculum. Review the attached “Skill Use Breakdown Chart” to identify the lessons that incorporate the skills you wish to cover in your classes.

### **HEAL:BCC and Equipped for the Future**

Since 1994, the National Institute for Literacy has been organizing and supporting the development of the Equipped for the Future (EFF) framework for adult basic education. EFF is organized according to the principal “roles” of adult lives as workers, family members, and community members/citizens. Within these roles, EFF identifies four categories of skills: communication, decision-making, interpersonal, and lifelong learning.

The HEAL:BCC Curriculum suggests that EFF has much to offer teachers working with this material. The activities and intended outcomes of this curriculum can be easily aligned with the various roles and skill categories of EFF.

Additionally, the January 2000 publication *Equipped for the Future Content Standards* provides role maps and activity lists that may prove helpful for planning, implementing, and assessing the use of the HEAL:BCC Curriculum within your program. All EFF publications are free, and available either through the EDPUBS Clearinghouse at 1-877-433-7827 or the National Institute for Literacy, EFF Special Collection on the Web at: <http://www.nifl.gov/lincs/collections/eff/eff.html>.

## Pre-GED Skills Checklist: Writing and Languages

HEAL:BCC LESSONS		Illness & Disease	Stella's Story	Cancer Facts & Myths	What is Cancer?	Breast Cancer As I Lived It	Health Educator Presentation	Beads For Life	A Video Introduction to Cervical Cancer	Multiple Choice Strategies In Becoming a Teacher In the Community	Taking the Test	A Field Trip to a Screening Site	A Video Event	What a Friend Can Do For You	A Persuasive Paragraph
SKILLS	Complete Sentences	●								●			●	●	
Nouns: Common, Proper, Singular/Plural, Possessive			●		●	●	●								
Pronouns: Subject, Object, Possessive		●													
Verbs & Verb Tense		●	●		●	●	●			●					
Subject-Verb Agreement		●	●							●					
Adjectives & Adverbs		●	●		●	●	●								
Conjunctions, Connectors, & Dependent Conjunctions		●													
Punctuation										●				●	
Contractions															
Types of Sentences										●					
Direct Address															
Quotation Marks															
Brainstorming													●	●	
Paragraph Development														●	
Letter Writing													●	●	●



## Pre-GED Skills Checklist: Science

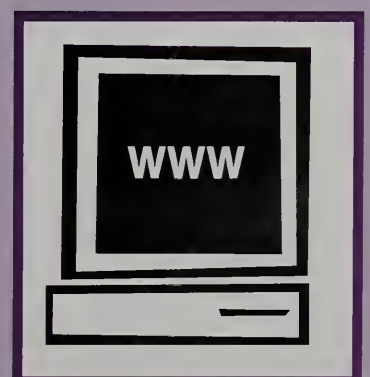
HEAL:BCC LESSONS		A Persuasive Paragraph	What a Friend Can Do For You	A Video Event	A Field Trip to a Screening Site	Taking the Test	Multiple Choice Strategies Review	Becoming a Teacher In the Community	A Video Introduction to Cervical Cancer & Pap Tests	Beads For Life	Health Educator Presentation	Breast Cancer As I Lived It	What is Cancer?	Cancer Facts & Myths	Stella's Story	Illness & Disease	Good Health
SKILLS																	
Scientific Method																	
Understanding What You Read		●	●	●				●				●	●	●	●		
Understanding Illustrations								●									
Analyzing Ideas	●			●			●	●						●	●		
Building Vocabulary	●							●			●	●			●		
Evaluating Ideas	●						●	●					●		●		

# Pre-GED Skills Checklist: Social Studies

HEAL:BCC LESSONS		HEAL:BCC LESSONS																
		Good Health	Illness & Disease	Stella's Story	Cancer Facts & Myths	What is Cancer?	Breast Cancer As I Lived It	Health Educator Presentation	Beads For Life	Cervical Cancer & Pap Tests	A Video Introduction to the Community	Becoming a Teacher In Strategies Review	Multiple Choice	Taking the Test	A Field Trip to a Screening Site	A Video Event	What a Friend Can Do For You	A Persuasive Paragraph
SKILLS																		
Finding Details																		
Words in Context																		
Restating Information																		
Summarizing Information																		
Main Idea																		
Locating Information: Charts, Graphs, & Maps																		
Interpreting Charts & Graphs																		
Using a Map Key																		
Sequence																		
Cause & Effect/ Predicting Outcomes																		
Compare & Contrast																		
Fact & Opinion																		
Inference																		
Cartoons & Illustrations																		
Hypothesis																		
Adequacy of Information																		
Values																		
Propaganda																		

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**HEAL:BCC Web Site**  
<http://www.worlded.org/us/health/heal>







Health Education and Adult Literacy  
HEAL: Breast & Cervical Cancer

# Welcome to the HEAL:BCC Web Site

## Home Page

The HEAL:BCC Web site is designed to support teachers and learners using the HEAL:BCC Curriculum. Visit the site to learn more about HEAL:BCC and the support resources we offer.

## HEAL:BCC Curriculum

From the Web site you may download many HEAL:BCC materials for free, including:

## Teacher Support

- HEAL:BCC Curriculum
- HEAL:BCC Word List
- Passport to Health
- My Life Story With Cancer
- What A Friend Can Do For You

## Student Materials

You may also contact World Education staff experienced with the HEAL:BCC project. If you have any questions, ask us directly through our Web site at:

## Web Resources

**<http://www.worlded.org/us/health/heal>**

## Contact Us





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**HEAL: Breast & Cervical Cancer**  
[www.worlded.org/us/health/heal](http://www.worlded.org/us/health/heal)



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